THE NEW-YORK
JOURNAL OF MEDICINE.

FOR SEPTEMBER, 1850.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I. *Contributions to Clinical Medicine: Extensive Encephaloid Disease of the left lung, attended by unusual symptoms; with Observations.* By ROBT. L. MAC DONNELL, M. D., Licentiate of the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland; Lecturer on Clinical Medicine, University of M'Gill College; Physician to the Montreal General Hospital, etc.

March 2nd, 1850.—I was called to attend Miss ———, aged 17, daughter of Captain ———, the history of whose illness has been furnished to me at great length by her father, from whose notes I have condensed the following account. Two years before, she caught cold, having sat in damp clothes for a whole day; the catamenial discharge, which had been just established, was suddenly arrested, and did not appear for five months; she was attacked with pain in her left side, back, and top of the left shoulder. These pains continued, and were followed by difficulty of breathing, and inability to lie upon the right side, but *without cough or expectoration.* After some months a small tumor appeared above the left clavicle, somewhat painful to the touch, and to which, tincture of iodine was applied by her medical attendant. In the month of July

she was sent to Upper Canada for change of air, but derived no benefit from it, and returned to Montreal in September, much worse. The tumor noticed in the neck had become enlarged, although not yet conspicuous; but it was painful, and this sensation extended up along the side of the neck. At this period her father noticed *slight ptosis of the left eyelid, and contraction of the pupil of that eye,* "and the iris did not expand and contract equal to the other, in the transition from light to shade." "During the winter of 1848–49, she complained much of pains in her arm and shoulder, particularly at night, and often groaned in her sleep; yet she went out, and her appearance, occupations, and amusements were as usual." "In the spring of last year," continues her father, "I first observed the left arm to have shrunk or withered conspicuously, yet the tumor in the neck had not much increased in size." The following summer was spent in Upper Canada, during the most part of which, she suffered greatly from pains in the left side of the chest, in the back and shoulder, and from debility and dyspnœa. She returned to Montreal last September, so altered in appearance that her father hardly recognized her; she staggered into the hall, "a poor emaciated creature, with a ghastly countenance of a blueish green color." *She had upon her a constant hacking cough,* great shortness of breath, had lost all appetite, was reduced to a skeleton, and so weak, that she sank upon the bed, whence she did not rise for three weeks."

She was now seen by a physician of this city, who prescribed cod liver oil, and the local application of iodine to the tumor. "From this time her health fluctuated a good deal, and," adds her father, "*Jan.* 9. Favorable symptoms of change in my daughter's health; was enabled to use her left arm, of which she had lost the use for two months." *Jan.* 10. A violent fit of dyspnœa set in, accompanied by hysteria and delirium. The journal from which the above quotations have been taken, goes on to say, that up to March 20th many serious attacks of spasm have been staved off by your prescriptions, and all have ultimately yielded to them; but, with her increasing weakness, the spasms are more frequent, and apparently more dangerous.

Present State.—The attention is immediately attracted by

a large tumor on the left side of the neck, which protrudes upwards from the thorax, through the space bounded by the clavicle in front, and the spine towards the middle. This tumor is of an irregular shape, somewhat globular, uneven on its surface, every where resisting, with the integument tense, shining, and œdematous. It is quite dull on percussion, and no pulsation, bruit, or thrill are perceptible. It is not painful to the touch, nor is it the seat of any *constant* pain, though *shooting* pains occasionally proceed from it downwards to the fingers. The surface of the tumor is traversed by large tortuous veins, which anastomose freely with similar veins on the left side of the thorax, the left arm, left side of the neck, cheek, and left side of the forehead. The tumor has by its pressure, produced paralysis of motion and sensation of the left arm, and the pulsation of the ulnar, radial, and brachial arteries, is completely obliterated. The whole of this arm and corresponding part of the chest are extremely œdematous.

Physical Signs.—The anterior portion of the left side of the chest is full and prominent, and is continuous with the tumor, there being no depression to mark the supra and infra-clavicular spaces; the clavicle is dislocated forwards, its sternal end projects nearly an inch in front of the sternum. The left side of the chest does not move in inspiration; its intercostal spaces are obliterated, and an extremely dull sound with resistance is elicited by percussion from the clavicle to its lowest part, and the same dulness extends all over the side behind and laterally. The respiration is *bronchial before and behind, and there is also bronchophony*, but not the least râle of any kind. The upper portion of the right lung in front is clear upon percussion, but from the mammary region downwards it is quite dull. Behind, the respiration is loud and puerile, and without râle. All over the right mammary region the impulse of the heart can be seen and felt; its impulse is extremely abrupt and violent, and both sounds are accompanied by a *loud, sharp, ringing soufflet* of a peculiarly musical and metallic character, quite unlike any thing I have ever heard. The apex of the heart strikes towards the right axilla. The right hypochondrium yields the usual dulness. *There was no increase of hepatic dulness below the ribs.* The left side of the chest *appears*

to be increased in size, but I have not yet had an opportunity of determining this point. The respiration is short, about 40. The inspiration is accompanied by great action of the intercostals of the right side, the expiration is accompanied by a *short stridulous grunting noise.* During the performance of inspiration the larynx (which is pushed towards the right side) is drawn across the mesial line to the left side. The voice has never been affected, and except during the severe attacks of dyspnœa, there is no stridor. The voice is naturally œgophonic. *She has no cough, nor does she expectorate any thing. She has never had hæmoptysis, nor has she at any time had red currant jelly-like expectoration; but she is subject to frequent attacks of epistaxis, which invariably proceed from the left nostril.* At times this is rather profuse; at other times it is only sufficient to cause a blocking up of the nostril. The beating of the heart is frequently very troublesome; the pulse is small, about 120, sometimes more frequent, and sometimes less so; it is not intermitting nor irregular. There is *partial ptosis* of the left eyelid, which sometimes proceeds so far as almost to conceal the eyeball, and there is also *contraction* of this pupil, though this eye is quite as sensible to light as the other, and she can read with it quite as well. No matter to what amount of light this eye be exposed, the pupil is never dilated to more than one half the extent of the other. She never suffers from headaches, flashes of light before her eyes, noise in the ears, or frightful dreams. Occasionally her symptoms assume a hysterical character. Her tongue is clean, appetite pretty good, no dysphagia, stomach seldom sick, bowels regular, urine secreted in natural quantity, skin moist, body greatly emaciated. *No pains in the chest.* Catamenia absent. During the prevalence of easterly winds, and before a fall of snow, her friends remark, that her countenance brightens up, she appears quite healthy, and her spirits improve; these are but the precursors of an extremely severe attack of dyspnœa, which is sometimes, however, warded off by the administration of an anti-spasmodic.

April 24th. Since the last account the tumor has been gradually extending across the neck; it has pushed the larynx, trachea, and thyroid gland completely over to the right side,

and now occupies the median line, and extends beyond it. *The right arm is now partially paralyzed, and the pulse at the wrist is perceptibly smaller than it used to be; œdema and varicose veins occupy the right side of the chest, and the right arm is also becoming œdematous.* Since the last report, several severe attacks of dyspnœa and palpitations have occurred—sometimes almost threatening to terminate her existence. It is noticed, that these attacks are invariably preceded by a temporary amendment—her spirits become cheerful, her strength increases, and the countenance becomes animated; the color of the face, which is usually sallow and livid, changes to a bright rosy hue; but at the same time, it is quite apparent, that the tumor undergoes marked augmentation, and that the tortuous and varicose veins become more enlarged and turgid. Her father is positive that he has noticed a connection between these phenomena and the state of the atmosphere, and that they occur invariably in thick, damp weather, or previous to a snow storm. On two or three occasion, she became delirious, and her stools and urine were voided unconsciously. The appetite remained pretty good, and the bowels were generally regular. She slept well, when free from spasm, and had latterly suffered but little from the pains in the chest and shoulder. During the whole period of my attendance, I never heard her cough, nor had she ever any expectoration; she always lay upon her back. The degree of ptosis varied, but no change occurred in the state of the pupil. The bleeding from the nose occurred almost daily. Enlargement of the liver was noticed towards the close of the disease, and though the left side of the chest had become enlarged, and the intercostal spaces were raised even above the level of the ribs, yet her extreme debility and the increase of her sufferings induced by a change of position, prevented my measuring the chest accurately.

After a succession of severe attacks of dyspnœa, she expired.

The treatment consisted of generous, bland diet, a moderate quantity of wine, and the use of camphor, æther, opium, lobelia, etc., sometimes given conjointly, at other times separately, according to the judgment of her father, a gentleman of great sagacity, who from close and unremitting attention to all the

phases and variations in her case, acquired a rare tact in the employment of these drugs. The neuralgic pains which attacked the chest, shoulder, and sometimes extended down the arm, were always relieved by a warm lotion containing tincture of aconite, in the proportion of one ounce of the common tincture to seven of water. Folds of lint saturated with the lotion were laid over the painful parts, and evaporation prevented by surrounding the lint by a piece of oiled silk. This application used to give great relief.

Post Mortem Examination.—Before opening the body, a careful examination was made by inspection, percussion, and measurement, when the following circumstances were noted: The whole of the front part of the chest was œdematous, and traversed by large tortuous veins which anastomosed freely with the superficial epigastric veins. The greater number of these vessels were noticed upon the left side. The left arm, from the shoulder down to the hand, was much swollen from œdema, and at its upper part were numerous veins inosculating with those of the neck, chest, and axilla. The right infraclavicular space was depressed, the left was full and prominent, and constituted part of the tumor already spoken of. The right shoulder was elevated, and the clavicle was separated to about the distance of an inch at its attachment to the sternum. Percussion yielded the same results as were noticed during life, with this exception, that there was complete dulness extending from the normal hepatic region, downwards for the extent of two inches below the margin of the ribs. The circumference of the neck and tumor measured above the clavicle, was 16¼ inches; the distance from the nipple to the sternal end of the clavicle 6 inches on both sides. The circumference of the chest upon a line with the nipples was 27 inches: it being on the right side 12½, and upon the left 14½ inches; distance from the right nipple to umbilicus 9½ inches, from the left 10¾. Nothing remarkable was observed on any other part of the body, except extreme emaciation. On opening the thorax, the heart and pericardium were observed lying to the right of the sternum, and distant about three inches from the mesial line. The pericardium was quite healthy and contained no fluid, nor was it adherent in any situation. The heart was

of natural size, and free from any disease whatever, either of its walls or valves. The left side of the chest was occupied by an enormous mass of encephaloid cancer, which adhered firmly to the ribs, and was continuous with the tumor noticed in the neck. It was contained within well-marked cysts, which enveloped it in the same manner as the arachnoid surrounds the brain, and which when slit open, allowed the cerebriform masses to be seen, presenting well-marked convolutions and sulci exactly resembling those of the brain. In a few situations, hæmorrhagic clots intervened between the investing capsule and the surface of the mass. There was no adhesion to the front part of the ribs or to the sternum, diaphragm, or pericardium. No trace of pulmonary structure could be seen, except at the diaphragmatic portion of the tumor, where a thin layer of condensed lung was spread over it for a small space, and peeled off it, as if merely coherent from apposition—no bronchial tubes extended from this portion of lung to the cancerous mass, nor could any be traced in the latter—the left bronchus entered its upper part, but no traces of its ramifications could be discovered. Such were the characters of that portion of the mass within the chest, but as it was emerging from the latter situation, it had dislocated the clavide and was indented by the latter bone. At this point the tumor pressed upon and stretched out the left subclavian artery and vein; the left carotid, though not so much interfered with, was pushed a little towards the mesial line. This artery, as well as the pneumogastric and sympathetic nerves, were pushed backwards by a process of the growth which proceeded towards the lateral processes of the cervical vertebræ, to which it took a strong attachment. On the anterior part of the tumor, the sterno-cleido mastoid, and the sterno-hyoid muscles were spread out in ribbon shape, and their fibres were separated from one another. The brachial plexus passed through the middle of the growth, and could not be completely separated from it, even by the scalpel. The third stage of the subclavian artery was obliterated by a coagulum, and was not much larger than the radial. The phrenic nerve passed over the most prominent part of the tumor. The œsophagus was pushed towards the middle, and as noticed during life, the

larynx trachea and thyroid gland were shoved over into close contact with the right brachial plexus. The mass adhered firmly to the clavicle near the shoulder joint, and also took an attachment to the acromion, and a portion of it passed under the trapezius muscle. When removed from the body, the mass was weighed, and found to amount *to six pounds and a half.* The right lung was quite sound, except at its inferior part, where we found three small encephaloid tumors, of the size of large currants, growing from the surface of the lung and covered by the pleura. The liver was much enlarged from congestion, and when cut into, blood escaped in large quantity.

The other abdominal organs were all healthy. The brain was carefully examined. Some slight vascularity was noticed upon the pia mater, but there was no effusion either beneath the arachnoid nor in the cavity of the ventricles. The origin and course of the third nerve were accurately examined, but nothing abnormal could be detected, and the same remark applies to all the cerebral nerves and to the structure of the brain itself.

It is only within the last few years that the diagnosis of cancer of the lung has been established on a tolerably certain basis; yet cases are occurring almost daily, which prove that many points connected with the disease remain to be worked out yet, by the diligent in this field of observation. It is to be regretted, that the nature of some of those cases was not even suspected during life, that others were under the observation of practitioners imperfectly acquainted with the existing state of knowledge upon this and other thoracic diseases, whilst a third class of cases has been carefully observed during life, but no post-mortem examination having been performed, we are unable to connect their signs and symptoms with anatomical lesions observed after death. It is, therefore, the duty of every one to add to the scanty list of accurately noted cases, any that may occur in his practice.

At the time the case of transposition of the Viscera was noticed at the Hospital (the details of which I reported in the April number of the British American Journal), some of my pupils mentioned to me, that a young lady was then under the

care of a physician of this city, in whom the heart was observed to pulsate on the right side, and they inquired if it were not highly probable that it was also an instance of congenital transposition. I replied that I considered it much more probable that the patient labored under chronic pleurisy of the left side, with displacement of the heart to the right. In a few days the case came under my own care, and I had no hesitation, at once, in declaring it to be an example of cancer of the lung, and for the following reasons, to all of which I drew the attention of my clinical class when lecturing upon this affection:—

1st. In nearly all the best observed instances of *primary* cancer of the lung, the disease has been ushered in by symptoms of pleurisy, and in many of them those symptoms have existed throughout; in some cases undergoing abatement, as the cancer advanced; in others, disappearing, or remaining stationary. To the former class, belongs the case under consideration, those by Graves,* Heyfelder,† Hughes,‡ Syms,§ and Stokes;‖ and I doubt not, that if the early history of some other published cases had been inquired into, that the disease would have been found to have commenced with an inflammatory attack of the lung, or its investing membrane—at least, this has been the result of my experience of the disease, and in the above case, no exception was formed.

2. The only diseases producing enlargement of the side, absolute dulness, and firm resistance on percussion, absence of *vesicular* respiratory murmur, protrusion of the intercostal spaces, and detrusion of the heart, are, extensive empyema, and cancer of the lung or mediastinum. In the foregoing particulars, these diseases resemble one another; but, I have only once noticed enlargement and tortuosity of the veins of the chest in empyema, and in only one case have I noticed a *bruit* in a heart dislocated from pleuritic effusion, and though I have observed tumors forming on the exterior of the chest

* Dublin Journal of Medical Sciences.
† Heyfelder, Archives Generales.
‡ Guy's Hospital Reports.
§ Medico-chirurgical Transactions, vol. xviii.
‖ Dublin Journal of Medical Sciences, vol. xxi.

in empyema, yet such tumors were always soft, fluctuating, and devoid of pain. Œdema of the side has been often noticed in acute pleurisy, less frequently in chronic, but in no instance of either form of the disease, have I observed it accompanied by *permanent* œdema of the corresponding arm; and empyema, so extensive, as to have produced such a great change in the size of the chest, and, in the relation of organs, might have enabled peripheric fluctuation to have been detected.

3. The want of pulsation, bruit, thrill, dysphagia, of laryngeal cough, together with the extent of dulness, etc., were opposed to the idea of the disease being aneurismal, although the paralyzed condition of the left arm, and loss of pulse at the wrist and bend of the elbow are not uncommonly observed in thoracic aneurism springing from the arch or some of its branches; and the same cause might produce a varicose condition of the veins of the thorax and arm,—a point to which my friend, Professor Walshe, of London, has directed attention.

4. With the idea of extensive deposition of tubercles in the lung, and tubercular disease of the cervical glands, pathology and clinical observation are both opposed, for I do not believe that tubercular disease of the lung ever produces enlargement of the affected side of the chest, or of any portion of it;* and in no case, no matter how extensive the deposit,

* I am well aware, that on the authority of a verbal statement of Dr. Chambers, of London, that some writers—amongst others, Professor Walshe—have alluded to an elevation or bulging forward of the infra-clavicular region, as a sign of incipient phthisis; but as I have anxiously looked for this sign for several years, without in one single case observing it, I can only account for the discrepancy, by supposing, that in Dr. Chambers' cases, both sides were affected, and the atrophy being better marked on the side, where the least physical traces of incipient phthisis were observed, the opposite infra-clavicular region presented an appearance of *comparative* fulness or bulging, well calculated to deceive; for I have not unfrequently remarked [and had recently an opportunity of pointing out to my class at the Hospital] the fact, that in incipient phthisis, we may have marked atrophy of the infra and supra-clavicular spaces of one side, with comparative dulness and feebleness of respiratory murmur, whilst on the opposite, there may be no atrophy, scarcely any dulness, with a harsh respiration, gradually becoming accompanied by a "crumpling sound," dry crackling, and then (as in the case just alluded to) sibilant and muco-crepitating râles,—yet the condition of the opposite lung may remain as when first examined. It is only in this way, that I can account for the striking anomaly said to have been observed by Dr. Chambers.

have we complete dulness and total loss of respiratory vesicular murmur—and in extensive tubercular deposit, softening, and consequently the signs of cavities would have taken place long before I saw the patient—nor should we find a healthy condition of the opposite lung, nor dislocation of the heart: and I need hardly add, that extensive tubercular deposition in one lung would soon have been accompanied by signs of disease in the other, by cough, hœmoptysis, hectic, etc., and that external tumors, varicose veins, œdema, and paralysis of the upper extremities, are not seen in phthisis.

5. With the idea of the disease being chronic pneumonia (even granting its frequency, as some modern writers seem disposed to believe—an opinion to which my own experience is much opposed), the facts of the case were quite incompatible.

So that we find, that with no other disease than cancer could I reconcile the history, symptoms, and physical signs of this case, and I shall now direct the reader's attention to some of its peculiarities.

Amongst the most prominent may be mentioned the absence of cough, of bronchitic râles, of stridor, of dysphagia,* of currant-jelly-like expectoration [for which, however, the daily epistaxis was a substitute], of aphonia.

The paralysis and pain of the left arm are easily accounted for, by the pressure of the tumor on the brachial plexus of nerves; and by the same pressure acting upon the subclavian artery and vein, the absence of pulsation, and the presence of œdema are explained. It is worthy of remark, that it must have been solely by mechanical pressure that the tumor produced paralysis, and not by involving the nerves in its own structure; for the larynx and thyroid gland being shoved over by it into close contact with the plexus of the right side, paralysis, to a less extent, was produced of the right arm.

---

* The earliest case recorded of cancer of the lung, attended by dysphagia, is that, I believe, given by Van Sweiten. He says, "for this last observation I am indebted to the learned Dr. *Anthony de Haen*, who exerts himself in the practice of physic with great applause at the Hague, and with indefatigable industry takes every occasion to inquire into the latent causes of diseases in dead bodies, and who opened this patient after his decease, before the celebrated Schwencke, professor of anatomy and surgery."

Dr. Sims and others have noticed the œdema of the arm, resembling that of phlegmasia dolens; *but the total absence of pulsation in the principal arteries,* with complete paralysis of one arm and partial paralysis of the other,* are now recorded for the first time, and though pain of the chest and through the shoulder is often mentioned, yet I know of no other instance where it extended down the whole arm. I may here observe, that pain of a *constant* nature, spoken of by Dr. Stokes as a valuable diagnostic, was not present in this case; for when once relieved by the aconite lotion, it did not often return, and even before my attendance it was not constant, nor indeed, of late, was it frequent.

Dysphagia appeared only in the last two days of her illness.

As might be expected, some cause for the *ptosis* and *contraction* of the pupil was carefully looked for in the brain and third nerve, but without success: no trace of disease could be discovered. How, then, are we to account for these symptoms? We know that ptosis is usually accompanied by a *dilated* state of the pupil, and by paralysis of the superior, internal, and inferior recti muscles, and also of the inferior oblique; but, as was stated before, there was no paralysis of any of these muscles, and the pupil, though constantly contracted, became smaller and larger, according as the intensity of the light was increased or diminished. Nor can we suppose that the superior branch of the nerve was alone affected, for we know that that portion sends no twigs to the lenticular ganglion. If we appeal to experimental physiology, we do not receive a more satisfactory solution of the *entire* question; but for *part* of it we can account. It was ascertained by Longet, that division of the pneumogastric and sympathetic nerves, in the neck of some animals, was followed by *contraction* of the pupil, whilst in others, it was followed by *dilatation.* Now, if the same cause produce effects so opposite, on such a deli-

* Dr. Walshe says, "I have recently found the radial pulse very triflingly weaker and smaller on the affected (right) than on the other side; but in this case a mediastinal tumor co-existed with the disease, affecting the root of the lung; the difference has been observed independently of the former, and is, under all circumstances, rare."—*Treatise on Cancer, p.* 352.

cate organ as the iris, it merely proves that the division of these nerves acts in disturbing the innervation of the organ, in one case producing a diminution of power of the circular, in the other, of the straight fibres of the iris; and if we admit this explanation to be correct, we can understand how, in an analogous experiment, the nervous power of the other branches of the third being diminished (for it is evidently owing to the connection of this nerve, and of the fifth, with the sympathetic, that the phenomena are produced), some of the muscles supplied by that nerve may be actually in a *slightly* paralytic condition, which may escape the observation of the patient and of his physician, unless a strong antagonizing muscle be in action, as in the case of the orbicularis palpebræ in the foregoing case, and then the diminished power of the levator palpabræ becomes at once apparent. I make use of the term *analogous experiment* advisedly; for it must be evident, that *pressure* on the pneumogastric and sympathetic nerves produced the same effect, for the time being, as division would have done; so that, in this instance, disease imitated the experiment of the physiologist, and went far to corroborate it. This view is borne out by what was frequently observed, that on those occasions when the tumor of the neck became enlarged and the venous system more congested, the ptosis was always more marked. Should the foregoing explanation not prove satisfactory to any of my readers, they are at liberty to account for the phenomena of *contracted pupil with ptosis, and without paralysis of the muscles of the eye*, the brain being healthy, upon any other hopothesis they may consider more convincing: I have offered the best that has suggested itself to me.*

To auscultators the occurrence of marked bronchial respiration, with bronchophony, heard all over the left side, whilst there were no bronchial tubes running through the cancerous mass, suggests many questions for consideration:—Where were

* The iris receives a branch from the sixth nerve in several animals, and it has been supposed that it sometimes does so in man, which would account for the fact that the pupil has *not* been affected in some cases where *all* the other muscles of the eye were paralyzed from disease of the third nerve; in the above case, the singularity consists in our having only one muscle supplied by the third nerve, and only one set of fibres of the iris in a state of semi-paralysis.

those sounds generated? how were they transmitted all over the side? if by continuity of the ribs with those of the opposite side, through the medium of the sternum, or by continuity of the ribs with the larynx and trachea, partly through their connection with the sternum and with the cervical tumor? or did the mass itself act as a conductor from the larynx and trachea to all parts to which it extended? The latter opinion I am disposed to adopt. If the ribs are supposed capable of having transmitted those sounds, then they should have also transmitted the cardiac sounds, and the vesicular murmur from the opposite side, and the sound heard all over the diseased side would have lost much of its strongly marked tubular character; and for the same reason, I cannot suppose, that the parietes acted as conductors from the trachea—seeing that they do not perform this office in other cases. There is no difficulty, however, in comprehending how a mass of encephaloid occupying the left side of the chest, and firmly pressed against the larynx, no breach of continuity occurring in its structure, and into whose substance the left bronchus entered for some distance, should convey, with great clearness, sounds generated in the larynx of an individual, in whom exaggerated respiration had become habitual and permanent.*

The peculiar bruit heard to accompany the sounds of the heart remains unexplained by any anatomical appearances discovered at the autopsy.

In conclusion, I would remark that this is the largest specimen of cancer of the lung on record. In Dr. Graves's case, the diseased mass is said to have weighed more than six pounds, but the patient was a male adult. In the above instance, the mass removed, weighed six pounds and a half—some ounces more having been left behind—and the patient was a young girl of low stature and delicate formation.

[NOTE.—The foregoing communication was intended for the last number of this Journal, but was not received in time for its original department. Since that time it has appeared

* I purposely avoided entering into any discussion on the views of Professor Skoda, of Vienna, whose skill as an auscultator I had an opportunity of witnessing, whilst following his *clinique*, as they may form the subject of another communication to this Journal.

in the British American Medical and Physical Journal. We do not think, however, that on that account it will prove any the less interesting to our readers.—ED. N. Y. JOUR. MED.]

ART. II. *Report of Cases occurring in the New York Hospital.* By FREDERICK D. LENTE, M.D., Resident Surgeon, and FRANCIS P. COLTON, M.D., Resident Physician.

DR. LENTE'S CASES.

CASE 1ST.—*Lumbricus in the Stomach, causing dyspnœa.* (Attendance of DR. HOFFMAN.) James Edwards, 15, New York, Boatman, under treatment in the colored ward for chancre and bubo, of strumous habit and feeble health, was attacked April 24th, 1850, with *tousillitis* of a severe character; after the lapse of a few days, this had nearly subsided under the application of leeches, tobacco poultices, &c., and the internal administration of cathartics and diaphoretics; but on the 29th, patient was attacked with paroxysms of dyspnœa, which prevented him from assuming the recumbent position in bed, and from sleeping at night: he had also great difficulty in deglutition, being only able, with some difficulty, to swallow fluids; the paroxysms would come on at intervals of half-an-hour or an hour, at which time it seemed to patient, as if something fell down into the larynx, closing it up. Examination of the throat gave no clue to the cause of the difficulty; there was no inflammation of the fauces, and very little enlargement of the tonsils; the finger, introduced into the throat, encountered the epiglottis, which was perfectly natural, as were the adjacent parts as far as could be ascertained. May 2nd. The paroxysms of dyspnœa have gradually increased in severity, notwithstanding the various remedies applied for its relief, until last evening at 8 o'clock, when they became so urgent, that scarification of the glottis was determined upon as an experiment, no signs of œdema of the glottis being detected with the finger; at this time, however, a slight œdematous condition of the right eyelids and cheek was noticed; Buck's scarificator was accordingly introduced into the larynx, and

free incisions made; after the lapse of ten or fifteen minutes, patient expressed himself relieved, and was able to lie down. During the night, however, the paroxysms returned, and patient, in coughing, ejected a lumbricus of large size from the mouth, which was shown me by the nurse this morning. Immediately the paroxysms ceased, and he is now comparatively comfortable. A powerful emetic had been administered the previous evening with only temporary relief. May 13th. Patient has had no return of dyspnœa. Several anthelmintic cathartics have been administered, but no more worms have been seen. Patient was subsequently discharged cured.

Remarks.—A case is related in the Dublin Medical Journal, vol. 15, by Dr. Bigges, in which "a portion of a lumbricus was found lying at the bifurcation of the trachea, and passing down into the right bronchus; in the duodenum, close to the pylorus, a large lumbricus was found coiled upon itself, which, when examined, was found to have lost a portion of its length, and appeared as if it had been divided about an inch from its tail. The patient was a child, æt. 8 months, who had suffered for about a fortnight or three weeks from symptoms of worms, for which small doses of cowage, followed by purgatives, were directed. The child died suddenly. The portion of worm found in the trachea exactly corresponded in size with the deficiency observed in that found in the duodenum."

The occurrence of the above case renders it possible that the lumbricus in Edwards's case may have found its way into the trachea, and thus operated by mechanically impeding respiration, or it may have remained in the stomach or œsophagus, and operated by sympathetic irritation. What effect the introduction of the knife into the larynx, could have then had in causing the dislodgement of the worm from his unnatural habitation, it is difficult to see.

A case of "Sympathetic Asthma from Lumbrici" is reported in the "London and Edinburgh Monthly Journal for 1842. The patient was a child two years old. "She appeared quite asthmatical, the shoulders were raised to the ears, and the act of breathing was difficult, accompanied with a loud wheezing; she had not suffered from fits. The bowels being much confined, some aperient powders containing calomel

were ordered ; one to be taken daily. In the course of four days nine large lumbrici were ejected by the mouth, and three from the bowels. The child became lively, and quite well as soon as the worms were expelled."

CASE 2d. *Bubo perforating the abdomen. Peritonitis.*—P. E——, æt. 22, Scotland, machinist, admitted into Ward 11 of the First Surgical Division, May 30th, 1850, (attendance of Dr. A. C. Post,) with a suppurating bubo in the left groin, which is discharging an ill-conditioned pus profusely from a spontaneous opening. The bubo first appeared three weeks ago, since which time patient has been working at his laborious occupation, which requires him to sit, and in which a violent strain is brought upon the abdominal muscles ; he has had no treatment. The seat of the bubo is above Poupart's ligament, but much nearer the ant. sup. spine of the ilium than usual : in fact, the undermining of the integument extends beyond this point ; there is no undermining of integument below the opening, but the depth is greater here than at any other point, and there is a circumscribed livid discoloration of the surface, the latter being of a florid healthy color elsewhere. (This was observed subsequently.) Five months ago patient had chancre, followed by a bubo situated an inch or two below the present, where there is now the cicatrix of the opening which was made to give exit to the matter: has had no chancre since, and no purulent discharge from the urethra. Patient is a man of considerable respectability, and of tolerably steady habits ; general health fair.

Treatment.—Ordered cataplasm : low diet.

June 1st.—The discharge continues very profuse, but its character has improved ; all inflammation has subsided. Patient was accordingly brought under the influence of Sulph. Ether, and the unhealthy, undermined integument pared off with sharp scissors, so as to expose the surface of the ulcer and allow of proper dressings. Ordered application of cold water.

June 5th.—The ulcer is now discharging pus from the cut edges ; the surface looks healthy, except at the above mentioned point. Ordered to apply the Ungt. Peruv. to the sur-

face; continue the cold water to the surrounding surface. June 6th. Discharge less profuse. June 8th. Patient continued to do well until 10 o'clock last evening, when, according to the statement of the nurse (who neglected to inform me of it until the morning), he was attacked with profuse and frequent discharges from the stomach and rectum; a large mustard poultice was applied by the nurse to the epigastrium and abdomen, which afforded some relief, but the vomiting and purging still continued. At 9 o'clock A. M., found patient very much prostrated, countenance sunken and livid, skin rather cool, pulse so rapid as scarcely to admit of numbering, and very small; mind clear; *no pain or pressure* on the abdomen or epigastrium; only complains of slight pain when he is about to have a discharge from his bowels. Ordered an enema of Tr. opii, ʒij Mucil. G. A. ʒiij, and to take ℞. Cal. gr. x opii. gr. i. M. Sinapism to epigastrium ice, and Haust. Efferves internally, to quiet the irritability of the stomach. 6 o'clock, P. M. Patient has been very comfortable since morning; has neither vomited nor purged; has slept none; is now lying on his back reading a newspaper. Complains now, for the first time, of some pain on pressure over the lower part of the abdomen, in the neighborhood of the pubes: a reddish livid discoloration of either cheek is observed, pulse has scarcely improved. Will not allow the bed clothes to remain upon him; skin pleasantly warm. Ordered camphor cataplasm to abdomen. 12 o'clock, P. M. The irritability of the stomach has returned, the tenderness on pressure has also increased somewhat; pulse more feeble. Ordered, porter with lime-water, also ℞. Haust. Efferves ʒviij; Acid Hydrocy. m. x M.; ʒss. q. 1. h. Emp. Vesic. to epigastrium, in connection with other remedies.

June 9. *7th* o'clock A. M.—Patient had three passages from the bowels last night, and an enema of Tr. Opii, ʒi. was ordered. The vomiting continues unchecked. The blister has produced no vesication. Ordered a dozen leeches to the epigastrium and abdomen, to be followed by warm fomentations. The pulse is more frequent and feeble. Stimulants of various kinds, in small quantities, have been administered both by the mouth and rectum, but they are now all ejected. Can

retain nothing but ice on the stomach ; the abdominal tenderness has increased, but is still not urgent. Patient died at 7 o'clock, P. M.

Autopsy, sixteen hours after death.—An examination was only allowed of the abdomen. Before making an incision, examined the bubo with a probe, which passed into the cavity of the abdomen its whole length without difficulty. Upon laying open the latter, a quantity of serum, rendered turbid by lymph, gushed out, and the intestines throughout were seen to be glued together by recent exudation of lymph, and the vessels of the peritoneum generally injected. Upon tracing the intestine along towards the bubo, found the large bowel, just before it gives place to the sigmoid flexure, firmly glued to the internal wall of the abdomen, at a point corresponding to the situation of the bubo, by fibrinous bands, to the extent of an inch or more ; these were evidently the product of recent inflammation, but admitted of considerable traction without giving way ; the intestine was now slit open, and the ulceration found not to have communicated with it. The opening into the peritoneal cavity was found to be near the left sacro-iliac synchondrosis, close to the bifurcation of the common iliac artery, and was about one-third of an inch in diameter, being of a circular form ; pus was seen oozing from it into the peritoneal cavity. Other abdominal organs, except those mentioned, were found to be healthy,

Remarks.—This is probably the only case of perforation of the abdomen by a bubo, on record; and this fact prevented a suspicion of the actual state of the case until after death, and also an ante-mortem examination with the probe, which would have revealed the origin of the obstinate symptoms above enumerated. An attempt was made by nature in this case, such as she often makes in similar difficulties, to avert a fatal issue by causing the opening to take place into the cavity of the large intestine instead of into that of the peritoneum ; for this purpose, the former was glued to the latter at the point where the communication should have taken place, but unfortunately, the matter took a longer course, and opened beyond the adhesion.

CASE 3d. *Poisoning by the Sulphate of Atropine.*—Daniel Homan, æt. 60, woodsawyer, was admitted into the colored ward, June 21st, 1850, (attendance of Dr. A. C. Post,) with cataract affecting both eyes. July 3d. Since admission, patient has had a saturated solution of the Extr. of Belladonna dropped into the eyes daily to dilate the pupil, in view of an operation. This not appearing to have the desired effect, a solution of *Atropine*, in half an ounce of water, acidulated with Sulphuric Acid, was ordered to be substituted. At 10 o'clock last night, the nurse, mistaking the solution for an anodyne draught, gave it to the patient, who swallowed about four-fifths of it. There was nothing in his condition during the night to attract attention; he slept tolerably well, occasionally turning in bed from side to side. At breakfast time, (6 o'clock) the nurse, upon attempting to arouse the patient, found it impossible, at the same time he noticed spasms affecting different parts of the body. Upon being called to patient at this time, I found him in a state of coma, with clonic spasms of the biceps flexor cubiti muscles, and of the muscles of the jaws; extremeties cool; pulse of fair fulness and strength, 110; pupils *not unusually dilated*, but perfectly immovable. Patient had passed no water since the preceding evening; bladder not distended; abdomen swollen and tense, but not tympanitic; upon pretty firm pressure upon it, patient gave signs of suffering; upon making vigorous efforts to arouse him, he also exhibited some signs of consciousness. The spasms of the muscles above spoken of were increased by disturbing the patient; when left to himself, they came on at intervals of two or three minutes. No stertorous breathing. Prompt measures were taken to arouse the patient from his alarming condition. The power of deglution not being entirely lost, Carb. of Ammonia and Brandy were administered in solution with water, by spoonfuls, at short intervals; swallowing appeared to give pain, manifested by grimâces and increased spasm of the facial muscles; at the same time counter irritation was applied to various parts of the body by sinapisms and Granville's lotion. The magnetic battery was also got in operation, and applied, powerful shocks being passed from the nape of the neck, and neighborhood of the

cervical flexus, to the abdomen, and inside of the thighs; this was more effectual in arousing the patient than any other remedy; he made attempts to take hold of the poles, as they were applied to different parts of the body, and finally began to turn in bed, and make attempts to sit up. A powerfully stimulating enema was given, and repeated, with the aid of O'Beirne's long tube, without much effect in relieving the swelling and tension of the abdomen. Three drops of Croton oil were accordingly placed upon the tongue, and in the course of an hour, patient had two copious discharges from the bowels, with relief to the symptoms. The catheter was introduced, and about a pint of urine drawn off; at this time, patient began to rally, was able to sit up, and answer questions when loudly addressed, but immediately relapsed if the applications were discontinued for any considerable length of time. Expression of countenance vacant, and staring. Being now able to swallow well, large doses of strong coffee were given in addition to the stimulants. Vomited occasionally. The above mentioned applications were assiduously employed until 3 o'clock P. M., gradually increasing the intervals between the shocks of electricity and the doses of stimulants, as patient exhibited increasing evidences of consciousness. Patient could now stand up with assistance, and move his limbs slightly in locomotion. Some beef tea was given, and patient allowed to be quiet for ten or fifteen minutes at a time. He did not appear, however, to drop off into coma when left alone, as is the case when opium has been taken, but would occasionally open his eyes, with a vacant, amaurotic expression, and turn his head from side to side; the muscular spasms continued unabated.

July 4th.—Patient passed a tolerably comfortable night; complains of soreness of throat this morning, and of inability to pass his water; has still the unsettled, vacant expression. Skin pleasant, pulse up to 90, full and strong; abdomen soft and natural; the muscular twitching has not diminished; is unable to hold a vessel of fluid in his hands, or to carry it to his mouth. Can walk alone, but with much difficulty. Pupils unchanged.

July 5th.—No particular change; passes his water in

drops, and with great difficulty. Catheter required once in 24 hours. Muscular twitchings rather less. Very little appetite.

July 9th.—The spasms have now almost disappeared; expression of countenance better; catheter still required; bowels constipated, requiring cathartics. Takes the Tinct. Ferri Mur. with Spts. Nit. dulc. and Mist. Camph.

July 11th.—Patient now passes his water without assistance; bowels act without the aid of medicine, and he is about as well as he was before taking the Atropine, except that vision is more imperfect.

Remarks.—Atropine is never given internally intentionally, and no case of poisoning by it has been recorded; various preparations of the plant *Atropa Belladonna*, from which the Atropine is extracted, have, however, been frequently taken in poisonous doses, and their effects have been noted by various writers; these symptoms agree in the main with those observed in the above case, with a few striking exceptions, however; there was no delirium preceding the coma, no nausea, and what is very singular, no dilatation of the pupils, although vision, which was before very imperfect, was almost extinguished for a few days, and, though a drop of the solution of the same strength as that swallowed by patient, subsequently placed between the lids, caused the pupil to double its size; and it was still further dilated by one or two additional applications. The same effect has been produced in a number of other cases to which it has been applied within the past few weeks, showing the purity of the preparation, and its great power. The absence of the gay delirium in this case, which is noticed as so constant a symptom in poisoning by Belladonna, may perhaps be accounted for by the age of the patient, in connection with the natural mental dulness of his class, and by the large quantity of the narcotic taken. One-tenth of a grain is said by Pereira to have produced dangerous symptoms in man. Two grains of Atropine are about equal to 2 oz. of the root.

The patient has since been operated upon by Dr, Post, for cataract, by extraction, and there is every prospect of a successful result, eight days having elapsed since the operation.

DR. COLTON'S CASES.

CASE 4th. *Granular Phthisis.*—Farrel Smith, aged 26, Ireland, laborer, was admitted into the N. Y. Hospital, May 22d, 1850. He had enjoyed uninterrupted health until May 18th, when he was seized with chill, followed by fever, anorexia and thirst, pain in the chest, dyspnœa and cough, with scanty expectoration. Now has hot skin, full, quick and hard pulse, hurried respiration and pleuritic stitch. No expectoration noticed. On examination, crepitation heard over both lungs, all the way round, with resonance on percussion. (C. C. over both lungs. Ant. Tart. gr. ½ q. 2 h.)

May 23d.—He is in a state of collapse. Skin cool and clammy; pulse 140, soft and weak; countenance anxious; complexion livid; prolabia nearly black; orthopnea; expectoration very scanty, mucous, and viscid. Free emesis and catharsis produced by medicine. Copious bronchial râles, the mucous predominating over the whole chest. Discontinue the tart. ant. et pot. and give of the following mixture half an ounce every hour:

℞ Carb. of Ammon. ʒij
Syr. of Senega poly.
Tolou.
Tinct. of Sanguin. āā ʒiss.
Aqua pura ʒiiiss Mx. ft. mist.

May 24th.—In about an hour after the change in the treatment, he began to cough freely and expectorate a viscid, well-aerated bronchial mucus—two or three pints in the twenty-four hours. Dyspnœa still urgent but diminished.

May 26th.—Expectoration and dyspnœa as before; skin bathed in a profuse, cool perspiration: breathes easiest in the semi-recumbent posture, in which he continues day and night; one stool. (Medicine as before. Wine and nourishment.)

May 30th.—Much as before, breathes rather easier: expectoration becoming operline, less viscid, less aerated, and less in quantity. There exists slight dulness on percussion over both lungs—not more marked in one place than another: rhonchi as before, but less distinct. (Emp. Vesic. to both

sides, to be repeated.) Medicine as before, but less stimulating.

June 3d.—Has felt better and brighter lately, occasionally laughs and jokes: face still very livid; pulse has throughout remained at 120–150; legs are becoming œdematous; respiration as before. (Has taken Cal. grs. iij; Opii, gr. i; M. q. 3. h. the past two days, the expectorant being continued.)

June 4th.—Failed rapidly and died.

Autopsy, eighteen hours after death.—Heart somewhat enlarged and its tissue rather softened; its cavities, and all the veins filled with black inky blood, imperfectly coagulated. Lungs adherent by organized false membrane. At apex of right lung were several cicatrices, marking the situation of old vomicæ. The lung substance was dark, congested, rather firm to the feel, but floated in water, and when incised, black blood in quantity followed the knife. Granulations as small as a mustard seed were scattered throughout both lungs, from base to apex, and in such immense quantity that a portion of lung $\frac{1}{16}$ of an inch square could not be found, which did not contain many of these minute bodies.

They were fibro-cartilaginous, opaline, and rather larger at the apex of lung than at the base. The intermediate lung structure appeared as if in the first stage of pneumonic inflammation. The mucous membrane lining the bronchiæ, was red, inclining to purple, and slightly thickened. A few small tubercles were found in the liver and spleen.

Physicians in attendance, J. H. GRISCOM, M.D., J. M. SMITH, M.D.

Remarks.—Concerning this form of tubercle much difference of opinion has existed. Laennec, Louis, and Rokitansky consider them as nascent tubercles. Andral, for reasons abundant and ably stated, regards these myriads of granulations as resulting from a great number of partial vesicular inflammations, in the midst of parenchyma, while all around maintains its healthy structure. Chomel joins him in the belief, and the history of the case above related, accords most perfectly with this view.

CASE 5th. *Arsenical Paralysis.* — Charles Wilson, 41, Swede, seaman, was admitted into Hospital, Dec. 1st, 1849. He states that accidentally, about five months ago, he swallowed some arsenic, which had been laid aside for the purpose of killing rats; that remedies were promptly used, which counteracted the primary effects of the poison: felt perfectly well for seven days afterwards, was then attacked at night with a violent cramp in index finger of right hand, successively invading the other fingers, and lastly the thumb, then attacking the other hand in the same manner, and finally the feet, the pain in hands subsiding as the feet became affected: that the whole duration of cramp was about thirty minutes, after which he fell into a sound sleep, which continued until morning: that when he awoke felt free from pain, but on attempting to rise, was surprised to find that he had lost the use of the affected parts, and was, in fact, perfectly helpless; and that this paralysis has continued unchanged to the present time, accompanied with a feeling of heat and numbness, which invaded the upper extremities, from tips of fingers to a point about three inches below the elbow, and the legs, from the toes to a point a little below the knee. Has also had lancinating pains in these parts, regularly commencing about 5 P. M., and continuing until midnight.

Now paralysis and nocturnal pains continue as above stated. He can neither feed himself, nor stand alone when placed upon his feet. Has dryness in throat and great thirst. Nothing remarkable about general aspect or symptoms. He has been subjected to a variety of treatment before his admission here. Has been mercurialized and taken Potass. Iod. (Anodynes, warm baths, good diet.)

July 14th.—Has used for a time Quin. Sulph. Strychnine, in ordinary doses, and Electricity, persevered in for a considerable time. Has slowly and pretty steadily improved. About January 7th. first began to walk with a shuffling, unsteady gait; soon after could use his hands in feeding himself. Now can walk quite well, grasps the hand with some firmness, but cannot yet button his own clothing: has had no pain for some time, save in the approach of stormy weather, when peculiar painful sensations are perceived in fingers. On Jan. 10th, his

urine, as tested by Professor Reid, was found to contain arsenic, estimated at $\frac{1}{170,000}$th part, but on May 18th all trace of the poison had disappeared.

July 15th.—Discharged relieved.

Physicians in attendance, Drs. SMITH, SWETT, GRISCOM, and BULKLEY.

Remarks.—A case similar to the one related occurred here in 1847. The subject was a middle aged female, who had taken arsenic for suicidal purposes. She suffered also from paralysis of upper and lower extremities, with excruciating pains of these members. When I last heard from her, Dec. 1849, she had nearly recovered.

Another case is related by Dr. Hastings, in Braithwaite's Retrospect, Vol. XVIII, art. 22, of partial paralysis of upper and lower extremities, with a burning pain in feet; following the prolonged use of Liquor Arsenicalis.

CASE 6th. *Chronic Gastritis. Incessant Vomiting. Recovery by regimen alone.*—Patrick Seward, aged 27, Ireland, seaman, was admitted into Hospital, April 23, 1850. He has for the last three and a half months, uniformly rejected every thing swallowed, within twenty or thirty minutes from the time of eating or drinking. Has felt pain and uneasiness over cardiac extremity of stomach; has sometimes had pyrosis; has used ordinary table food. Now is somewhat emaciated, is very weak, has no pain or uneasiness except this fixed pain in stomach, complexion natural, countenance cheerful. On examination, slight tenderness on pressure over epigastrium, without tumefaction or dulness on percussion. ℞. Emp. Vesic. 5 x 4, ad. loc. dol. Milk, with cracker soaked therein, ℥i. q. 2 h. Rigid abstinence from all other food or drink.

May 15th.—For upwards of a week, by strict adherence to orders, patient did not vomit. Encouraged, he began to partake more freely of his food, and finally ventured upon a piece of meat. Vomiting returned as before. By argument and threatening being induced to adhere to prescribed regimen, he is now much better every way: eats more than before, but is still confined to milk diet.

May 30th.—Very much improved; walks about the yard,

takes soups and tender meats, finely chewed, and in limited quantity. Lately some œdema has been perceived about feet, also slightly in face. Urine slightly albuminous. Feels quite well and strong.

June 3d.—Discharged cured.

Physician in attendance, DR GRISCOM.

Remarks.—This case well exhibits the importance of giving rest, as nearly absolute as possible, to a suffering organ. There is, in such cases, the greatest difficulty in making the patient strictly observe directions, for the craving appetite and the confidence acquired from the cessation of the accustomed annoyance, is often more powerful than persuasion or command ; and he will, for a time, conceal the fact of his vomiting, rather than observe dietetic rules.

This case is very much like one related in Watson's Practice, p. 173.

ART. III.—*Extraordinary and Fatal Case of Poisoning with Bromine.* By J. R. SNELL, M. D., of Green Point, L. I.

To S. S. PURPLE, M. D., *Editor of the N. Y. Journal of Medicine, etc.*

DEAR SIR,—An interesting case of fatal poisoning by Bromine came under my observation recently, a brief account of which, I trust, you will consider worthy of an insertion in your valuable Journal of Medicine.

I am not aware of the record of any case of poisoning in the human subject by this article, and though experiments have been performed with it upon animals, yet nothing is known of its precise mode of operation, except the fact, that it is a local irritant and caustic, and supposed to produce constitutional effects analogous to those of Iodine; hence a record of this case may be important to the profession for future reference.

Though the history of one case is, perhaps, not sufficient to establish the invariable effects of any medicinal substance, any more than the observation of a few facts only are sufficient to show incontrovertibly the truth of any physiological theory, or therapeutic principle; yet the hope that the history of one

case may call forth reports of other cases similar, induces me to trouble you with this communication.

I was called to see Mr. ——, Tuesday morning, May 28, 1850, about half-past six o'clock. I was informed by the friends, that half an hour previous to my visit, the patient had swallowed Bromine with suicidal design. At this time the patient was complaining of incessant pain, which he described to be of a burning character; breathing slightly accelerated, short, and thoracic; pulse somewhat frequent, small, and quick; slight borborygmus and eructations from the stomach; several times during his illness I observed partial tremors of his hands and arms, but no decided convulsive movements were manifested, and the tremors were doubtless the result of excitement and fearful apprehension upon a naturally nervous temperament. An ounce bottle with its tin case was found upon the walk below his bedroom window, and he confessed having taken the whole, but a few drops spilled upon his hands and clothing in the act of swallowing. It was taken undiluted, directly from the mouth of the phial, hence the violent inflammation of the lips, tongue, mouth, œsophagus, etc. Another fact not to be omitted in the detail of the case is this, the poison was taken into an empty stomach; this circumstance alone, doubtless, caused a greater intensity, as well as an earlier commencement of the symptoms of gastritis. At the expiration of two hours and a half from the time the fatal dose was taken, the symptoms began to indicate some degree of prostration—surface cold and clammy, breathing short and laborious, with a prolonged expiration, attended with considerable mucous throat-rattle. The mucous secretion of the schneiderian membrane was copiously discharged, and saliva flowed very freely; pulse frequent, quick, and hard; no thirst, retching, or vomiting; pain more intense. In three hours and a half, pulse more frequent and feeble; breathing thoracic, difficult, and slightly convulsive; mucous throat-rattle more extensive, and deglutition, which has been growing more and more difficult, is now found to be impracticable. The patient is becoming quite restless, throwing his hands and arms frequently into different positions. Cold perspiration breaks out, and the skin in many parts appears tinged slightly blue, and

shrunk; countenance haggard, and blueish pale; features pinched; eyes sunken, pupils natural, conjunctiva has lost its lustre, and appears corrugated; no abatement of pain; frequent but ineffectual desire to stool; restlessness, and other symptoms, indicative of extreme prostration and impending dissolution, increase rapidly. In four hours, pulse small, frequent, and almost imperceptible; no retching, vomiting, or thirst; patient is unable to protrude his tongue; cold perspiration increases; constant restlessness; pain moves lower down. Four hours and a half, no pulse; extremities cold; respiration decidedly convulsive, with the prolonged expiration peculiar to dying persons. The above symptoms continued to grow more intense, till death relieved the sufferer, about seven hours and a half after the poison was taken.

Autopsy, sixteen hours after death.—In this I was assisted by my friend Dr. Schapps, of Williamsburgh. The head was not examined; lower portion of the lungs congested, and a limited number of tubercles in the upper lobe of both sides. There was considerable serous effusion into the pericardium, but nothing more of particular importance was found respecting the viscera of the chest. The mucous surface of the œsophagus was not examined, but from the symptoms evinced during the illness of the subject, it is to be inferred that the mucous membrane of the entire œsophageal passage was in a state of high inflammation, and perhaps partial disorganization. The peritoneum was tinged reddish-yellow throughout the upper two-thirds, and highly injected in the parts lining the stomach, duodenum, and liver. The lesser omentum, great omentum, and transverse meso-colon, were all deeply tinged with Bromine, and injected to a considerable extent. The stomach was examined by Dr. Schapps, and the following description is in his own language:

"External surface.—On the anterior surface of the stomach, near the middle of the lesser curvature, is a large ecchymosed spot, two inches in diameter, the centre point of which is softened and gelatine formed, this may be owing to post-mortem changes. The whole anterior surface is very much injected, especially about the lesser curvature. On the posterior portion are several ecchymosed spots, surrounded by red borders.

Internal surface.—The whole internal surface is covered by a thick, black layer, resembling tanned leather, and peels off readily. The mucous membrane is softened with intense submucous injection; the lower portion of the stomach is smooth, hard and tanned. The same appearance of things exists in the duodenum, especially on the structure of the *valvulæ conniventes*, while in the sulci the mucous membrane is softened and injected."

The treatment I pursued in this case, was in many respects experimental from necessity, there being no direct antidotes known. Among the means made use of, the following were the principal:—1st. Sulph. zinci emetic. This brought away Bromine to a considerable amount. This was followed by starch, magnesia, white of eggs, and aqua ammonia. The last article was administered in view of the statements of a respectable and intelligent gentleman present, engaged in the daguerreotype, who informed me that in this process, aq. ammonia or some other strong alkali was invariably used with success to destroy and neutralize Bromine in all their operations. An attempt was made to use the stomach-pump, but failed, on account of the extensive inflammation and pain of the fauces and œsophagus.

I am not disposed to make any remarks upon the points of interest connected with this case (choosing rather to present the case to the reader in its marked detail), however, I cannot omit alluding to one or two facts that seem to stamp the action of Bromine as peculiar, at least in this case. The symptoms indicated inflammation of the stomach and bowels, thus showing the effect of Bromine to be a local irritant, but on a closer inspection we observe the absence of some of the most common symptoms of mucous inflammation of the alimentary tube, viz., vomiting, purging, and thirst. Though the lips, mouth, and tongue were inflamed, yet these parts were at no time dry, but saliva and frothy mucus flowed freely from the mouth. During the whole course of this case there were no symptoms to show that the poison had any effect upon the brain.

ART. IV.—*Case of Encysted Transformation of the Kidneys.* By H. N. BENNETT, M. D., of Bethel, Ct.

MR. ———, a gentleman of somewhat sedentary habits, and of more than ordinary *embonpoint,* had consulted me frequently, during the past five or six years, for indispositions of short duration, consisting chiefly in derangement of the digestive functions. His symptoms at such times were those common to all dyspeptic persons, loss of appetite, gastric irritability, cardialgia, flatulence, and occasional diarrhœa. His skin had at times a pale yellowish tinge, which I supposed due to some functional lesion of the liver. He presented no signs of organic disease of any kind. The symptoms on the part of the digestive apparatus were always readily relieved by appropriate medication and attention to diet. In the summer of 1849, in addition to his usual dyspeptic troubles, he began to assume an anæmic appearance. He still, however, preserved, in a great degree, his natural embonpoint, and showed no farther signs of disease. I advised him to a journey, which he prosecuted with much advantage, returning home in comparative health, which he retained through the winter following, quite to the spring months. During the spring season he reassumed his anæmic appearance, his gastric irritability and loss of appetite, together with considerable dyspnœa upon exercise. At this time he was held up as a candidate for an important office in the State, and after his election, left home to assume its duties, with his indispositions still increasing upon him. After a brief absence he returned, unable longer to sustain his position at the seat of government. Exercise, at this time, produced a very troublesome dyspnœa, and he was much debilitated. I examined, very closely, the thoracic organs, and could detect nothing abnormal. The signs of organic disease were wholly absent. The horizontal posture was the most congenial to his feelings, and he was not œdematous in any portion of the body. I should observe, also, that contrary to his usual habit, his bowels were now constipated, but the fœcal discharges showed no deficiency of bile.

I now directed my attention to the urinary organs, al-

though he had never complained of any symptoms on the part of the genito-urinary apparatus. I found, however, upon inquiry, that he passed an unusual quantity of water, and generally rose from bed two or three times each night for this purpose. An ocular inspection of his urine did not show any thing worthy of remark, except that it was perhaps unusually pale. Submitting it, however, to the action of nitric acid and heat, I found it to contain a large proportion of albumen. It was not saccharine. The diagnosis was now, to my mind, no longer doubtful, for although there was absence of œdema, and an increased instead of diminished secretion of urine, his general cachectic appearance and the presence of albumen in the urine, together with a total absence of signs of organic disease of the heart or other thoracic viscera, compelled me to assume granular or other structural disease of the kidney. In this opinion, my uncle, Dr. E. P. Bennett, who was called in consultation, fully coincided. Notwithstanding the remedies used, my patient evidently declined. About the first of June, of the present year, he was seized with an intense angina, which not only very much impeded deglutition, but evidently increased his dyspnœa. Every effort was made to relieve this symptom, but was wholly ineffectual. The neck in the region of the submaxillary glands and thyroid cartilage became tumefied, the dyspnœa increased hourly, and he died, undoubtedly, from the encroachment of the pharyngael inflammation upon the glottis and larynx. A day or two previous to the fatal termination, I solicited the advice of Prof. Charles Hooker, of New Haven, who only arrived, however, in time to be present at the autopsy.

Post-mortem examination.—Thorax and abdomen the only parts examined. The thoracic organs were perfectly normal in every respect. The abdominal viscera relating to digestion, were equally healthy in appearance. The liver was of natural size and color. No disease of mesenteric glands, and the omentum and mesentery were loaded with fat. Upon reaching the kidneys the true nature of the disease was at once shown. Both kidneys were the seat, not of granular disease, but of *encysted transformation*, the left being double its normal dimension. The convexity of these organs was

occupied by a great number of cysts, varying in size from that of a large filbert to that of a shot, and containing a fluid quite different in various cysts. Some were filled with a transparent fluid, of a slightly yellowish tinge, but the majority contained a turbid liquid, of a brownish color, evidently the result of a *nuage*, or sediment, held in the watery contents. In one of the largest cysts, and in a few of the smaller, this *nuage* was of a bright red color, resembling the brick-dust sediment. In one only of the numerous loculi which I opened, upon the section of the left kidney, I found a small calculus, the chemical character of which I did not test, but which I judged from its appearance to be of the phosphatic variety. A singular fact in reference to the sediments contained in these cysts, was, that upon placing the preparation in alcohol for preservation, a firm concretion was formed of them, while the watery contents, from their chemical affinity for the alcohol, were extracted by exosmosis, leaving the cysts much collapsed. The concretions had an unctuous and slightly granular feel. A section of both kidneys showed that their whole body was the seat of the same transformation, but in the interstices of the cysts were portions which appeared like healthy texture, and if my eye did not deceive me, chiefly of the tubular portion of the kidney. The ureters and bladder were not diseased.

Remarks.—Encysted transformation of the kidney is said, by the French authors, to be by no means rare, but the symptomatic expressions of the disease are considered equivocal, and are not well defined. It is chiefly with a view to its bearing upon diagnosis that I report this case, as its anatomical characters are no different from others well described by Cruveilhier, Rayer, and others. The presence of albumen in the urine, was the only symptom, in the present instance, which pointed to the kidney as the seat of disease. My patient had never complained of pain in the loins: he had never been the subject of lithic acid concretions, stricture of the urethra, or prostatic hypertrophy; in short, nothing which we could suppose would induce structural disease of the organs of urinary excretion.

The albuminuria, it will be observed, was not accompa-

nied by the usual attendants of granular disease, œdema or effusion into the serous cavities, together with diminished secretion of urine, and this fact I conceive to be a capital point in the diagnosis of renal affections accompanied with albuminous urine. Granular disease is characterized by general œdema, serous effusions, and a diminished secretion of urine containing albumen in greater or less proportion; encysted transformation and degeneration, are wanting in the hydropic symptoms, unless accompanied by other organic disease, and the quantity of urine is increased and also contains albumen. This increase of the quantity of urine is sometimes very great, especially in cases of simple cyst of the kidney, or hydronephrosis. I have seen one case of this kind, in which the left kidney was transformed into an enormous sac, capable of containing a quart of fluid, and the patient would sometimes discharge half a gallon of serous urine in twelve hours. This subject had also organic disease of the heart, and was only œdematous in the lower extremities, at the period of his death. Œdema usually occurs early in true granular disease of the kidney, and progresses or recedes, *pari passu*, with the organic lesion, taking the increase or diminution of albumen in the urine, as the test of this lesion. Albuminous nephritis appears to impress, at an early date, a certain modification upon the blood, the symptomatic expression of which is effusion into the areolar tissue, or the serous cavities; while encysted transformations may progress for years, without producing these effects, and then only as an ulterior result, the consequence rather of the drain produced by the increasing discharge of serous urine, and the induction of general cachexia by the obliteration of the function of an important organ, than of any specific impression made by it primarily upon the vital fluid.

The present case is a striking instance of the extent to which encysted transformation may progress, without producing fatal deterioration of health. Had it not been for the occurrence of the anginose difficulty, he would probably have survived some months longer, and it is questionable whether there was any relative cause and effect between the renal and pharyngeal disease, except that the former probably modified

the character of the inflammation occurring in the posterior fauces. The only symptoms in this case, both in its earlier and later stages, were upon the part of the digestive organs, and no one could possibly have suspected disease of the kidneys, except from the presence of albumen in the urine. I am not aware that albuminous urine has ever been made a special sign of encysted diseases of the kidney, but in three cases which I have seen within a few years, it has been wanting in neither. The cause of this is not difficult to imagine. The cysts, whether single or multiple, partake partly of the nature of serous sacs, while they at the same time evidently continue to secrete a certain amount of urine, the necessary product of such a structure being serous urine.

I have never ascertained the specific gravity of the urine in either of the cases of encysted transformation which I have seen, but I am disposed to think it is not as much diminished as in granular disease. This opinion is formed merely from ocular inspection of the urine, however, and from the density of the fluids contained in the cysts after death. It would be an important item in the diagnosis, if found correct.

Art. V.—*On the Causes, Symptoms, and Treatment of Latent Pneumonia.* By John O'Reilly, M. D., Licentiate and Fellow of the Royal College of Surgeons in Ireland. Late Medical Officer to the Oldcastle Workhouse Infirmary and Fever Hospital, etc., etc.

As many persons fall victims annually to pulmonary diseases, I feel it incumbent on me to direct the attention of the profession, as concisely as is consistent with perspicuity, to a very prevalent affection of the lungs, and one which, I presume, very often is not detected until it is too late to ward off fatal consequences. I allude to what may be fairly called Latent Pneumonia. I am satisfied that nearly as many individuals are doomed to premature graves by this insidious and formidable malady as by Phthisis, with which it is, I believe, very often confounded by medical men not thoroughly acquainted with diseases of the chest.

I must observe it is not a matter of surprise that derangement of the respiratory organs should be of frequent occurrence, when it is recollected the laboring classes, as well as tradesmen, reside in crowded houses, and for the most part occupy apartments not sufficiently ventilated—where the temperature in the winter months is raised to a very high degree by heated stoves—where the atmosphere is nearly excluded, the windows and doors being kept tightly closed—where, in fact, the air is charged with carburetted hydrogen, and merely as much oxygen present as to preserve vitality, but not adequate for the purposes of respiration.

Now, it is not astonishing that persons on leaving rooms thus circumstanced, and going into a cold atmosphere (the temperature of which may be below the freezing point), should experience severe chills—that the blood should rush from the surface to the internal organs, producing sanguineous engorgement of the viscera, and that instinct or habit should urge a stimulant in the shape of brandy or gin, which would cause a reaction, and relieve the distressing feelings thus induced—that a daily repetition of the events now detailed should cause irritation, and excite into destructive action tubercles hitherto dormant—that bronchitis in other instances should be brought on and permanently established—that congestion of the lungs should become hepatization, and ultimately end in interstitial suppuration.

Having made these remarks with a view to the elucidation of the disease under consideration, I have to state that pneumonia is divided by writers into the acute, chronic, and typhoid. The symptoms and physical signs of the first form are too well understood to require to be particularized. The same observation is true of the second; more circumspection and a closer examination is certainly indicated. With respect to the last variety, it usually occurs as a sequel or in connection with some other disorder, when the powers of life are prostrated to an extreme degree, as low typhus fevers, etc.

I am actuated thus briefly to enumerate these divisions of pneumonia, in order to show the necessity of adding another, which is of as frequent occurrence as the three just specified, namely, "Latent Pneumonia." The term latent implies that

the disease may have been present for some time, without causing as much constitutional disturbance as to hinder the patient from pursuing his usual avocation. It may also have reference to the physician, who will not suspect its presence from the fact of the person not evidently suffering much inconvenience from it, and consider it a common catarrh.

It is highly important to minutely examine the state of the lungs, when a person seeks advice, saying he has got a cold. If the disease in question exists, there will be dulness on percussion, absence of the vesicular murmur, as well as bronchophony corresponding to the lower part of the left lung—this is almost invariably the case. The patient on being *questioned* will complain of a troublesome cough, and that the expectoration is viscid and scanty, that his breathing is shorter than it should be. With respect to the constitutional disturbance, the pulse will not be found to be much quickened, the tongue will be moist and slightly furred, the appetite impaired, and considerable debility.

With regard to the treatment of the disease, mercury must be slowly and cautiously exhibited, so as to keep the system under its influence for a *lengthened period.* Counter irritation must be kept up by blisters, which are to be dressed with mercurial ointment. The Iodide of Potassium will be administered with a good result after the patient has been mercurialized. It will be necessary to support the constitution by nutritious regimen, and to give the benefit derivable from good air to the patient.

A long time may elapse before resolution takes place, and the lung restored to its normal functions. The case will require to be well watched, and dealt with as the occasion demands, on the principles of treatment already advanced.

When interstitial suppuration has taken place, little good can be accomplished by any mode of treatment. The lung may now be said to be composed of a mass of ulcers, secreting large quantities of muco-purulent matter, which is continually expectorated. The patient goes on daily getting worse. When this deplorable state of things is witnessed, on examination the lung will elicit a dull sound on percussion, over the entire surface, and a loud muco-crepitant râle will

be audible on applying the ear to the chest. Now it may be asserted the favorable opportunity for eradicating the disease has been lost, and that the patient is consigned to destruction at no remote interval; and when death closes the scene, his relations will be of opinion consumption proved to be his destroyer.

With respect to the diagnosis between phthisis and latent pneumonia in its last stage, it will be remarked that the former disease attacks persons of a scrofulous diathesis, the latter persons of a sanguineous or bilious temperament. Again, that the upper part of the right lung is generally the seat of tubercular depositions, and that the disease proceeds from above downwards, whilst the lower part of the left lung is the part implicated in latent pneumonia, and the disease extends from below upwards. It is further to be remembered, phthisis is better marked by hectic fever than latent pneumonia.

I consider latent pneumonia in a great measure peculiar to this country. It is not known in Ireland, to my knowledge. Indeed, it resembles chronic pneumonia as observed in the latter place. The difference consists very much in the way the state of the lung is reduced, and it is this that marks the distinction.

Latent pneumonia will be found to seize on males in preference to females, in the ratio of nine out of ten. This may be accounted for by the former being exposed to greater vicissitudes of heat and cold.

It must be allowed it would be most conducive to the public health, if due provision was made for ventilating houses, by placing ventilators in the ceilings, and thus affording a free exit for all noxious vapors.

I conceive it would be desirable to dispense with stoves. In Ireland where such are rarely used, the population is vigorous and healthy. The chimneys supply the place of ventilators in that country, and would serve the same purpose in this, with equal advantages.

ART. VI.—*Quarterly Report, ending July 15th, 1850, of the N. Y. Lying-In Asylum.* By JAMES FERGUSSON, M. D., Resident Physician.

DURING the three months comprehended between the fifteenth of April, the day upon which I entered upon the duties of Resident Physician, and the fifteenth of July, there have been admitted to the benefit of this Asylum, one hundred and fifty-five patients. The processes of parturition in the cases of nearly all these patients have been regular, both in the presentations and the duration of labor. Those which have presented deviations from the ordinary course, have been two cases of footling presentation; two cases in which the breech was the presenting part; one case of plurality of birth; one in which the forceps were employed, and one case of peculiar interest, in which secondary uterine hemorrhage occurred on the *thirteenth day* after delivery. I shall proceed to speak of some of these cases in the order in which I have enumerated them.

CASE 1. *Footling Presentation*—This patient was a primipara, and twenty-one years of age. She had been in labor about eight hours when I was summoned to her assistance, and learned that after the discharge of the liquor amnii, a single pain had sufficed to expel the body of the child from the uterus. Upon examination I found the occiput lying in the hollow of the sacrum, and that the chin was engaged over the symphisis of the pubes. Pulsation had entirely ceased in the funis, and there was but little reason for a hope that the child could be born alive. The pains were quite frequent and severe, and it was my object to assist the passage of the head as soon as possible. The pelvis being large and apparently without deformity, I considered it advisable simply to alter the position of the child, in order to allow the spontaneous contraction of the uterus to accomplish a completion of the delivery, if it could be thus effected. Introducing two fingers of my right hand into the vagina, I passed them up till they encountered the chin. Making gentle pressure at this point, I raised the body of the child in my left hand to an oblique position, and to my great satisfaction, upon the termination of

the second pain thereafter, the occiput passed the curve of the sacrum, and the child was delivered without further difficulty, though, as I had anticipated, in an asphyxiated condition. The usual means were resorted to for restoring animation, but were ineffectual. On the fourth day after delivery, symptoms of puerperal peritonitis of a mild form exhibited themselves, which were promptly relieved by appropriate remedies.

CASE 2. *Footling Presentation.*—This woman was thirty-one years of age, and had previously borne five children. As I learned from the patient, her labors had all been speedy, with presentation of vertex. In this instance, though a preternatural presentation, the child was expelled alive and entirely without assistance, within an hour after the first pain was experienced, the process thus being much shorter than the majority of labors where the head is the presenting part.

CASE 3. *Secondary Uterine Hemorrhage, on the thirteenth day after delivery.*—The patient was twenty-four years of age, and had never borne children. Her labor was comparatively an easy one of fifteen hours' duration, and no unusual symptoms presented themselves during her convalescense till the day above-mentioned. For three or four days previous she had left her bed during a good portion of the day, and as the presence of the binder was unpleasant to her, she had removed it without my direction or knowledge. On the morning of the thirteenth day I was suddenly called to see her, and found her very much prostrated from loss of blood. I learned from her that during three hours blood had been escaping from the vagina, but she had avoided communicating the fact to any one, in the hope that the hemorrhage would cease spontaneously. The exact quantity of blood could not be accurately ascertained. All the clothing in the immediate neighborhood of the nates were saturated with blood, and large clots were lying below the vulva, from which I judged that the quantity lost was not far from two pints and a half. The discharge had continued to increase since its commencement, and when I saw her it was still escaping quite rapidly. Her countenance was pale and anxious and her pulse at the wrist exceedingly weak and frequent, it being one hundred and ten per minute. Upon examination, over the hypogastric

region the uterus was distinctly felt considerably larger and softer than is usual at this period, a circumstance which I attributed partially to the early removal of the binder, and partially to the probable existence of an internal hemorrhage previous to the discharge of blood from the vagina. Upon introducing a finger into the vagina, I found a clot lying in its cavity, and the os uteri sufficiently dilated to admit its extremity for a short distance. I immediatly ordered a cold douche, followed by the application of a bladder of ice, over the lower part of the abdomen; administered ʒi. of the saturated tinct. of ergot, and enjoined absolute quiet in the recumbent position, and cold drinks. The effect of these agents was to produce a moderate contraction of the uterus, though the discharge of blood was not very materially diminished. I now made a re-application of the binder, with a thick compress over the region of the uterus, as firmly as could be borne by the patient, and ordered the administration every second hour of the following pill:

℞ Pulv: Secal: Cornut:	gr. iij.	
Plumbi Acetatis,	gr. ij.	
Pulv. Opii,	gr. ¼.	
Muc: Gum: Acac:	Q. S.	Fiat in pilula.

Under this treatment she gradually improved, but as the hemorrhage still continued, though in smaller quantities, on the morning of the second day, I asked Dr. Thos. F. Cock, one of the attending physicians of the Asylum, to see the case with me, who recommended a continuation of the treatment which I adopted. In the evening, the bowels having been constipated for three days, and being unwilling to administer a cathartic in her present coudition, I ordered an injection of cold water into the rectum, in order to effect the double object of an evacuation of the contents of the bowels, and probably, aiding the uterus in its contraction. From this time, the intervals between the administration of the pills being gradually lengthened, the discharge steadily diminished, and on the evening of the third day entirely ceased. Nourishing diet was allowed the patient, her convalescence was speedy, and without an untoward symptom, and she was discharged from the Asylum in good health.

The occurrence of hemorrhage from the uterus several days after delivery is so unusual, and so little has been written concerning it, that I have considered this case worthy of particular description. I have examined several statistical tables with reference to this subject, and I have not been able to find any case in which hemorrhage occurred at so late a period. Among sixteen thousand six hundred and fifty-four cases of delivery in Dublin Lying-In Hospital, reported by Dr. Collins, there were but forty-three cases in which uterine hemorrhage occurred subsequent to the expulsion of the placenta. In forty, the discharge took place within twelve hours; in one, on the fourth day; in one, on the fifth, and in another on the tenth day. Drs. McClintock and Hardy report six thousand six hundred and thirty-four cases of delivery in the same Hospital. Twenty-five cases of secondary hemorrhage were recorded, one of which occurred on the seventh day. There was also reported from this Asylum, by Dr. Stimson, in N. Y. Annalist of Oct. 1st, 1847, the case of a patient in whom hemorrhage took place on the tenth day subsequent to parturition.

Various causes have been assigned for the occurrence of this accident, but in this instance I think the hemorrhage is fairly attributable to the early removal of the binder, accompanied by premature exertion on the part of the patient, causing great excitement of the circulation.

ART. VII.—*Extracts from the Reports of the Proceedings of the New York Pathological Society.* (Selected and prepared by Committee of Publication.)

CASE 1. *Chronic Cystitis and Pyelitis—Total destruction of the Prostate Gland.* By J. A. SWETT, M. D.

JOHN JOHNSON, aged 35, seaman, admitted into New York Hospital January 24th, 1850, being transported from the surgical side of the house, where he had undergone an examination for stone in the bladder. None had been detected.

He had the aspect of a man suffering from serious organic

disease; was much emaciated, very feeble; pulse small and weak, but not accelerated; skin cool; no hectic. Complained of frequent desire to pass urine, which was attended with pain over the bladder. The region of the bladder was tender on pressure, and there was ardor urinæ, especially in perineal portion of the urethra. Sometimes the flow of urine was free, at other times obstructed; and sometimes the obstruction occurred suddenly, while voiding. He suffered at times from lancinating pains in the testicles, which were often drawn up against the abdominal ring. The left testicle was slightly enlarged and firm; there was tenderness extending up the cord. No complaint of pain or unusual feeling in the region of the kidneys, and no tenderness on firm pressure. The urine was of a decided red color, in quantity about natural; specific gravity 1020; slightly acid; there exists a copious sediment of pus and blood. He stated that about a year before admission he first perceived ardor urinæ, and that the stream of urine was unusually small. Also, that he had never had gonorrhœa or other venereal disease.

A bougie being passed, urine became bloody, and thus continued for two or three weeks. Since which time he has continued with present symptoms. The stream of urine is sometimes small, sometimes natural, and sometimes obstructed by stringy mucus. He has a tendency to diarrhœa, and gradual exhaustion of vital powers. There exists no evidence sufficient to demonstrate disease of the kidney.

As to the treatment, Carbonate of Potassa, in small doses, seemed beneficial until it produced an alkaline reaction of urine, when the pus was replaced by a stringy mucus which obstructed the urethra. The urine gradually lost its bloody appearance, becoming pale and arborescent. The quantity of pus seemed materially to diminish. Specific gravity fell to 1012, and after the discontinuance of the alkali, the urine recovered its acid properties. The diarrhœa was for a time checked, but soon returned, the dejections being of a peculiar orange color without mucus or blood. Suppression of urine came on two days before death, which took place on the 15th of March, without agony or coma.

Autopsy 24 hours Post-Mortem—The intestines were uni-

ted to the bladder by old and firm adhesions, and on the left side, along the tract of the ureter, left kidney and spleen; recent adhesions united the convex surface of the liver to the diaphragm. The left kidney, ureter and bladder were enveloped in a thick organized false membrane, and were so firmly connected by them to the surrounding parts, that a tedious dissection was necessary for their removal. The urethra opened on the dorsal surface of the penis, and presented nothing but a slight slaty tint, and rather more injection than normal, until the posterior part of the membranous portion was reached, when the coats of the urethra suddenly ceased by a well defined and ulcerated edge. The canal terminated in a cavity capable of containing an ounce of liquid, and which was lined by an organized false membrane. The cavity occupied precisely the place of the prostate gland; no trace of which could be discovered. Boyond this cavity the neck of the bladder was distinguished, but much deformed by irregular ulceration; its muscular fibres being hypertrophied and at the same time ragged. The cavity of the bladder contained pus to the amount of half-a-pint or more. It was smaller than natural, and had lost its usual shape; it presented a dark red appearance, and no vestige of mucous membrane could be found. Its muscular fibres were hypertrophied, of a dark red, and brittle, and every where exposed as if dissected. At several points dark ulcers, of considerable size, had destroyed the muscular tissue. The peritoneal coat was blended into an undistinguishable mass with the false membranes covering it, presenting a firm dense tissue several lines in thickness. Immediately upon the fundus of the bladder, and united to it by firm adhesions, was an abscess, the diameter of which was about the size of the large intestine. From this point it passed to the left and upward, following the course of the ureter, and terminated behind the left kidney about its middle portion. Its cavity was capable of containing a pint or more of pus. This abscess was evidently of an ancient origin, and its walls were organized. While examining the cavity of this abscess, the left ureter, enlarged and thickened, could be plainly seen just above its middle portion and on its anterior surface to communicate with the abscess by an irregular opening, half

an inch in length, thus establishing a free communication between the ureter and the cavity of the abscess. The ureter was perfectly free from obstruction through its whole length.

The left kidney felt firm, invested as it was by thick and firm false membrane. Its size was about normal. On dividing the organ, a quantity of thick pus gushed out, which proceeded from cavities assuming the shape and position of the tubuli of the kidney, and each communicating freely with the infundibulum, and were lined by false membrane. Its cortical structure was healthy. The right kidney was healthy. The lungs contained milliary tubercles. All the other organs were healthy.

Dr. Bowen remarked that the remains of a stricture of the urethra are very evident; consisting of an indurated and slightly contracted portion of the canal, situated about an inch from the inferior ulcerated margin of the cavity forming the seat of the prostate gland. Dr. Bowen suggests that in this stricture we have the clue to all the phenomena observed at the bed-side and after death. Without it the case and the morbid changes are involved in obscurity. They stand alone —and we look in vain for the cause and the order of sequence—for neither tubercle nor carcinoma were concerned in the production of the malady. But with gonorrhœa every thing becomes clear. It accords with the early symptoms recorded in the history of the case, notwithstanding the man's denial of its occurrence, and the abscess of the prostate, inflammation of the bladder, ureter and kidney, very naturally succeeded in a man exposed to a seaman's life, without any, or very bad treatment at best.

If any confirmation be needed, it will be found in a paper by Mr. Hamilton, on abscess of the prostate, in a late number of the Dublin Quarterly Journal of Medical Science.

Case 2.—*Gangrene of the Vagina and Uterus occurring in a Female of intemperate habits.*

A married woman, aged about 30 years, was admitted into the N. Y. Hospital, having been ill six days with febrile symp-

toms and nausea. She had been a very intemperate person for seven or eight years.

When seen the day after admission, decided jaundice existed, accompanied by much nausea and vomiting. The tongue was coated, the skin warm, the pulse accelerated and rather feeble. The nurse had noticed a rather pale, copious, and somewhat offensive discharge from the vagina, of which the patient could give no account, being ignorant of its existence before admission. There was tenderness over the epigastrium and hypochondriac region, and the case was regarded as inflammation of the stomach and liver, accompanied by jaundice, such as might be expected to occur in a person of intemperate habits. The patient was too feeble to bear much treatment; dry cups to the region of the liver, a blister upon the epigastrium, and the internal use of Morphine with brandy, were the principal means employed. The nausea and vomiting, however, continued, the jaundice became more intense, the patient became more restless and prostrate, and she died about the fourth day after admission. The stools, I believe, were colored by bile.

On Post-mortem examination, the stomach was quite healthy, except from a considerable thickening of the coats, and especially of the mucous membrane, as is frequently found in those who have been addicted to the use of ardent spirits. The liver also presented some slight ancient traces of adhesive inflammation, but was on the whole quite free, like the stomach, from acute disease, and but little tinged, if at all, by the biliary secretion. The brain was healthy, also the contents of the thorax.

On removing the uterus and a portion of the vagina, with the bladder and termination of the rectum, very formidable disease was discovered. The cellular tissue uniting the vagina to the surrounding parts was very much developed, being about half an inch in thickness, of a grayish ash color, very moist, but retaining a considerable degree of consistence. The vagina covering it was absolutely black, yet not ulcerated on any portion; a similar black tinge, but in a less degree, existed in the corresponding portion of the rectum. The mouth of the uterus admitted the end of the little finger. The neck was

much enlarged, presenting, externally, the black aspect of the vagina, while its substance, much developed, presented the same gray ash color of the submucous cellular tissue. The whole uterus was somewhat enlarged, but the gangrenous tendency did not extend beyond its lower half. The muscular structure of the fundus being pale and firm, apparently healthy. The lining membrane of the neck was blackish, like the vagina, while that of the fundus was of a dark bird red. There was a slight, thin, bloody fluid in the cavity of the organ. There was no appearance of the effusion of lymph, or of the secretion of pus, in any of the affected parts. The mucous membrane of the bladder corresponding to vagina, was irregularly thickened from inflammation. The ovaries were much shrivelled. An offensive gangrenous odor existed in the affected parts.—*March 27th*, 1850.

Case of Fungous Hæmatodes of the Eye—Extirpation—with remarks. By Edw'd Delafield, M. D.

Dr. Delafield stated that the patient from which the specimen was taken, was a man who twelve years ago came under his care for general ophthalmia, at which time the eye sunk, and he soon after recovered. Some time during the last summer he came to town again, with a fresh attack of inflammation, accompanied with intense pain in the eye. Soon after he was attacked with the prevailing epidemic (cholera), and for a short time after his recovery the eye did not appear to be inflamed. In the course of a few weeks, however, it recurred, and when he presented himself for advice, he found the lower lid inverted. Hoping that this latter condition was now the cause of the pain, he removed a portion of the lid, but without benefit. Six weeks since the eye was found to be enlarging rapidly. The lids were already separated, and a fungous mass was protruding therefrom. The sufferings of the patient were intense. The history of the case induced him to think well of the operation of extirpation, hoping that it might terminate favorably, as he had seen two cases do, in which the peculiar shining, metallic appearance of the bottom of the eye, which generally betokens fungous hæmatodes, ex-

isted. In the present case the operation was performed about a week since, in the presence of Drs. Metcalfe, Markoe, Van Buren, and others, and while the patient was under the influence of chloroform, but from the peculiar effects produced by the anæsthetic, he did not examine the orbit for any portion of the disease which may not have been detected. The quantity of chloroform used in the case was about one ounce—patient resisted for a time, but ultimately came fully under its influence. Immediately after the removal of the eye the patient gasped, and was apparently dead—there was no appearance of animation (as near as he could judge under such exciting circumstances), for four or five minutes. Artificial respiration was immediately resorted to, and in about five minutes the patient gasped—his color then began to return, and he continued to improve. Dr. D. stated that he had reported the case to the society, to show the peculiar effects of this agent—he should hesitate in using it again. He farther stated, that the parts had since showed marked and decided symptoms of a return of the original disease.

Dr. Clark wished to know if the two cases alluded to by Dr. Delafield were both the same disease, and if fungous hæmatodes of the eye is ever cured spontaneously.

Dr. Delafield knew of no difference in the cases. The metallic appearance existed in both, and is believed to be the best early diagnostic symptom of this form of malignant disease of the eye. He had seen two cases in which it existed—the eyes sunk and the patients recovered.

Dr. Clark stated, that spontaneous cure by absorption cannot accord with the history of fungous hæmatodes in other parts of the body.

Dr. Van Buren remarked, that out of 160 well authenticated cases of cancer the result was, that three cases only had recovered—two by operation, and one spontaneously.

Dr. Parker said, that Dr. Bowditch, of Boston, had reported a case of cancer of the inner canthus of the eye, and from which the diseased portion had been removed, and the patient had recovered.

Dr. Delafield mentioned the case of an old gentleman 86 years of age, from which a cancerous wart on the chin had

been removed. The disease afterwards returned, involving the whole lip, face, etc., and he seemed evidently succumbing to the disease. Spontaneous cure, however, occurred, produced, as the patient supposed, by some quack nostrum he had been induced to take.—*March 27th*, 1850.

Tuberculous Deposit in the Kidneys. By THOMAS F. COCK, M. D.

The patient from whom the specimens were taken was a woman aged 40 years. In January of the present year, she had an attack of typhus fever, from which she recovered slowly. During her convalescence, which was slow, she had cough, night sweats, etc., and dysuria was a prominent symptom. She left the Hospital, but returned again in March, with marked symptoms of pulmonary disease. She died in about two weeks after her second admission.

Post-mortem examination.—On inspection, tubercles were found in both lungs. The kidneys presented extensive tuberculous deposits—the masses projecting as from the walls of cavities, some of which were filled with softened tubercle, and others with bloody serum. Some of these deposits were half an inch in diameter, varying from that to the size of an ordinary pea. No further tuberculous deposits were found in the abdomen.—*March 27th*, 1850.

CASE 2d.—*Abscess of the Liver following operation for the relief of Hæmorrhoids.*

Martha White, aged 26, a seamstress, born in Virginia, was admitted into Bellevue Hospital, March 16th, 1850. In youth she suffered several years with intermittent fever, which ceased when she left Virginia, eight years since. Soon after coming to New-York, she began to be troubled with hæmorrhoids, and thinks she has suffered from them for seven years. In January of the present year, she entered the Hospital to be relieved from the piles, and was operated on, relieved, and discharged about the last of the month. She continued well until the 1st of March, when she was attacked with a chill in

the night, and after the chill with heat, followed by profuse perspiration. These occurred for five consecutive nights, and for the last two weeks of life she had bilious vomiting. On entering the Hospital, she complained of pain in the head and neck, and of severe pain in the right hypochondriac region. Appetite capricious; bowels disposed to be loose; pulse 96; countenance icterode; skin warm and moist. She soon became typhoid and died, March 28th.

Autopsy, 48 hours after death.—The thorax presented no lesion of interest. In the peritoneal cavity were about two quarts of dirty, yellowish serum. Recent lymph agglutinated the edges of the liver, stomach, and intestinal folds. The omentum was thickened, and highly vascular, more especially the inferior border, which was adherent to the fundus of the bladder, and to the uterus. The peritoneal coat of the small intestines was highly vascular. The spleen weighed 11¾ ounces, and was covered with recent lymph. The convex surface of the liver was covered with lymph. On the right lobe, for a space of six inches by four, the liver was of a dark green color, with distinct evidence of fluctuation beneath. About four ounces of yellowish green, thick, but glassy looking pus filled this cavity, which was lined with a false membrane. Throughout the rest of the organ, small purulent deposits were found, but not circumscribed distinctly.—*April 16th*, 1850.

Immense Exostosis of Femur; amputation at the middle of the thigh; return of disease, and subsequent amputation at the hip joint, followed by recovery. By W. H. Van Buren, M. D.

Dr. Van Buren exhibited the upper half of the femur of a man 43 years of age, which he had recently removed by amputation at the hip joint, presenting a specimen of a peculiar form of exostosis. Dr. Van Buren recalled to the recollec- of the members that nearly two years ago he had laid before the Society a very large bony tumor, weighing some 10 or 11 pounds, involving the condyles and lower portion of the femur, which he had removed by amputation at the middle of

the thigh. The patient recovered from this operation, and enjoyed excellent health for about a year, when pain was again experienced in the stump, which was ascertained to depend upon the return of the bony growth in the remaining portion of the femur. This increased rapidly, and at length caused such excruciating agony as to render the removal of the disease absolutely necessary, which, from its extent, could only be effected by amputation at the articulation. This was accordingly done on the 21st of March, and the patient was thus ar doin gwell.

The specimen at present before the Society was, therefore, the remaining (upper) half of the diseased femur, the lower half of which had been formerly exhibited. It was evidently a disease of the bone of the same nature, viz. of the osteo-cartilaginous variety of exostosis, as described by Nelaton (*Elemens de Path. chirurg. Paris*, 1847, *t.* 2 *p.* 3), Cesar Hawkins (Lect. on tumors of bones, Lond. Med. Gaz., new series, vol. 1, p. 475), and Cruveilhier. The irregular outlines of the diseased mass resempled the spicular form of exostosis described by Astley Cooper, in his paper on exostosis, whilst its surface was covered, beneath the periosteum, by a layer of cartilage, varying from one to five or six lines in thickness, verifying accurately the description of Nelaton. The substance of the tumor is not at all dense, resembling more, within, the cancellated structure of healthy bone.

The return of the disease might lead to the suspicion of its malignant character, but its very slow growth (19 years), its painlessness, except from tension of the nervous trunks, and its anatomical characteristics, would seem to confirm its character as a simple exostosis of the variety described. The specimen first obtained has been macerated since its first exhibition to the Society, and its present appearance entirely confirms this opinion.

There is a case of bony tumor involving the lower part of the femur, resembling very closely the case now under consideration, reported by Boyer (Traitè des Mal. chirurg. t. 3, p. 598, Paris ed. 1831), in which the disease is denominated *Osteo-sarcoma.* The patient survived eighteen years after its removal by amputation. The term osteo-sarcoma has been

applied indiscriminately to the rarer varieties of exostosis, as well as to cysts, hydatids, fibrous, cartilaginous and cancerous tumors developed in bone, and has consequently lost any pathological signification that it ever possessed; and it is probable that, as our knowledge of minute structure is increased by greater familiarity with the microscope, many other terms at present employed in surgical pathology, will also fall into disuse from the vagueness of their signification.

Cruveilhier, in the 34th *livraison* of his magnificent illustrations of morbid anatomy, pictures and describes specimens of still another variety of osteo-cartilaginous exostosis, and expresses the opinion that Boyer's case was merely another phase of the same disease.

(Plates were exhibited to the Society from the works of Cruveilhier and Boyer, illustrating the different varieties of exostosis.)—*March 27th*, 1850.

Case of Rupture of the Bladder. By —— VREELAND, M. D.

Francis Smith, 40, Ireland, laborer, admitted into N. Y. Hospital March 21st, 1850, under Dr. Buck. He stated that a short time before admission, he had stopped work in order to pass his water, but just before the act he had placed his hands upon a stone window sill, that probably weighed 400 pounds, which not being securely fastened, came down upon him, and struck him across the lower part of the belly, he being at the time in a sitting position.

When admitted patient was very much prostrated, his pulse weak and irregular, and surface cold and clammy. On examination no external mark of injury existed. The abdomen was slightly tympanitic at the upper part, with some tenderness on pressure over the bladder; no unusual degree of dulness on percussion indicative of distension of the bladder existed. Patient expressed a very great desire to pass water,

---

NOTE. We are gratified to have it in our power to state that the patient alluded to above, who underwent amputation at the hip joint, on the 21st of March last, is at present enjoying excellent health, and pursuing his usual avocations.

AUGUST 4th, 1850.

which he was unable to do; a catheter was therefore introduced with facility, and nearly Oi of bloody urine was drawn off, a clot of blood was also found in the instrument when withdrawn. After the lapse of two hours a good degree of reaction was established, and the patient being still very desirous, and making powerful efforts to pass water, the catheter was again passed, and more than Oi of bloody urine escaped, not freely, but slowly, and at intervals, pressure over the pubis being made at the same time. It was now noticed that the instrument passed very far in, quite its whole length. Patient after this felt quite relieved.

At evening the catheter was again passed, but only a very small quantity of water escaped, about ʒvj. Pain on pressure about the same; tympanitis has increased.

March 22d.—Patient passed a quiet night and slept well; has passed no water and cannot. Pain on pressure has increased, as also tympanitis. Pulse irregular and weak. Catheter introduced and ʒij of urine, still bloody, drawn away.

Evening. Symptoms much worse, catheter passed, but no urine.

March 23d.—Patient was very restless during the night—vomiting a greenish bilious fluid; commenced breathing thoracic, hurried, and labored; no pulse at the wrist, surface cold, countenance bad, abdomen much distended by gas. Died at 12 M.

Post-mortem examination four hours after death.—Upon making the usual section of the abdomen, about two quarts of fluid escaped, which at first resembled healthy urine, but was without odor, and towards the last became mixed with pus, which was found in considerable quantity at the bottom of the cavities of the abdomen and pelvis. The intestines were a good deal reddened and without adhesion. Upon raising them out of the pelvis the bladder was seen firmly contracted, and with a large lacerated opening at its superior part, into which the finger could be passed without difficulty. *April 10th*, 1850.

Cases of Extensive Encephaloid degeneration of the Kidneys in Children. By Prof. W. Parker, M. D.

Case 1. The specimens exhibited by Dr. Parker were taken from a child aged three and a half years. The child one year ago last February had scarlatina. In the month of June following, the mother discovered a tumor in the left hypochondriac region. Its presence was not attended with pain or uneasiness. It increased rapidly and extended to the umbilicus. Without any derangement of general functions the child was becoming emaciated. In January last the tumor had extended from the left hypochondriac into the iliac region. About the last of February it had become so large that the entire abdomen seemed to be filled with it. The child's appetite was good and its pulse 90. The superficial vessels of the abdomen were enlarged, and much emaciation existed. A short time before death, vomiting occurred, accompanied with great thirst, which continued to the last moments of dissolution. On the 4th inst. it died.

Pos-mortem examination.—The tumor was found to consist of encephaloid degeneration of the kidney of the left side, which, on removal, weighed *five pounds and nine ounces.* The spleen had by adhesion become attached to the encephaloid mass. There were small cancerous masses in the liver. A blood-vessel was found to have ruptured, and about 10 oz. of blood were effused into the cavity of the abdomen.

Case 2. This case was reported to the Society Dec. 3d, 1845. It was a female child, aged two years and four months. When she was ten months old it had convulsions from dentition. At the age of one year and ten months, it had the measles, from which it never entirely recovered. Two months after having the measles, the mother discovered a tumor in the right side, which increased rapidly. The child lost flesh—difficulty of voiding urine was a very constant and distressing symptom. It gradually sank, and died on the 3d of December. The diagnosis was never clearly made out.

Post-mortem examination at 10 *o'clock A. M. same day.* —The abdomen being opened, the tumor was found to be en-

cephaloid disease of the right kidney, which weighed five pounds, that being one-fifth of the weight of the whole body. The ureter, ascending vena cava, and emulgent vein, were filled with cancerous matter. The liver, gall-bladder, left kidney, and the other surrounding viscera, were found to be in a normal condition.

Both of the foregoing cases occurred in children of strumous habits, and the development of the disease was preceded by a constitutional and eruptive disease.—*April 10th*, 1850.

Case of Monstrous Hypertrophy of the Heart. By Dr. Smith, of Randolph, Vt.; reported to the Society by Prof. A. Clark, M. D.

I was first consulted, in regard to Charles Adams, when he was about five years old (*i. e.*, in May, 1825), and I learned from his mother that he had been a feeble child from his birth, and there was little prospect of rearing him to manhood. His grandmother I attended during an attack of acute rheumatism, after she had become quite aged, and his mother was subject to the same disease, in several attacks of which I attended her during the last twenty years. Thus, you see, he inherited his rheumatic diathesis. He had four distinct rheumatic fevers. In April, 1826 (when he was six years old), I was sent for, and found him bent, almost double, towards his left side, with a pillow rolled up hard, and pressed against his ribs. The position of lying over this hard pillow, seemed to be the only one in which he could find any relief, and this he had assumed from instinct or necessity.

Even in this early period of his existence I found no difficulty in determining that he had organic disease of the heart. In January, 1828 (when he was eight years old), he had another severe attack of pain in his left side, with greatly increased action of the heart, and fever, evidently rheumatic. On December 14, 1831 (when about twelve years old), he was severely attacked with rheumatic fever, accompanied with the usual symptoms of pain, swelling of the joints, etc., which required my attendance until the 18th of January following. He also required my advice and medicine in May, 1833, in

September, 1834, and February, 1835. From the 15th of April to the 14th of May, 1836 (at the age of sixteen years), he came again under my care for rheumatic fever; as in former attacks, the action of the heart was increased to a degree that made me doubtful of his recovery. From the 21st of April to the 9th of May, 1838 (then eighteen years old), I attended him again for rheumatic fever. This was as severe, and attended with as violent action of his heart, as either of his former attacks.

By referring to a letter which I wrote to Dr. Mussey, in the August following, I find what follows:

"The young man who is the bearer of this, is the one mentioned in my last, who is afflicted with organic disease of the heart. He has had the disease ever since his childhood. He has had several attacks of acute rheumatism, to which his mother and grandmother are subject. I have sent him to you rather as a *curiosity*, than with the expectation of obtaining a medical prescription. For months at a time he has been unable to do any thing. But now, during intervals of considerable length, he labors, perhaps, half as much as other young men. His heart is now comparatively in a quiet state. I have just examined it by auscultation."

From eighteen to twenty-five years old he continued to labor about half as much as other young men, had no rheumatic fever, and the heart was comparatively quiet. But at no time could a stranger apply his ear to his chest without astonishment that he could do any kind of work, or without fear that the walls of his heart and chest were about to give way and to cover the listener with his blood. In the summer of 1845 he was for some weeks disabled from labor, in consequence of over-exertion in transplanting some shade-trees. From that time he again enjoyed comparatively better health until the commencement of 1848.

About the middle of April, 1848, he called upon me to transact some business. He said he had been unwell about three weeks, and had taken some kind of purgative patent pills. He had returned from Springfield, Mass., to make preparations for removing his mother and sister to Cabotsville. While engaged in these preparations, on Tuesday, May 2d, he sent for

me—he was very ill, had taken a profuse sweat, and other domestic treatment.

He had had cough, though slight, through the winter, and some expectoration; had slept in a chamber with three to seven other men (the air in the morning very offensive). He had now difficulty of breathing, was oppressed by warm air, and could not lie down or get much sleep in any position; felt faint, thirsty, and a feeling of exhaustion in the bowels, but little or no tenderness there. His tongue was but little coated, and after the first day had no symptoms of fever.

From this time he got but little rest; took but little nourishment, and that in a liquid form. His feet became œdematous; perspiration cold and clammy. His pulse gradually failed, and on Sunday evening (the 7th) was scarcely perceptible at the wrist; yet he talked a great deal; sat on the side of the bed, and occasionally in a chair. About three o'clock on Monday morning he said he thought he should feel better to get up and walk about the room a little; he did not, however, but in about a minute, falling into the arms of his nurse, he quietly expired. Age about twenty-eight years.

Post-mortem examination.—Yesterday morning (Tuesday, May 9th), 32 hours after death, I examined his body, and found it as I expected, having had frequent opportunities of examining his chest during twenty years. About a pint of bloody serum in the chest. The heart hypertrophied, its weight over 3½ lbs. when emptied of blood (*three pounds and a half avoirdupois, 58½ ounces*). The pericardium adhered firmly to the heart in every part. The walls of the left ventricle were about one inch in thickness; its cavity would hold eight or ten fluid ounces. The right ventricle was not so large, nor were the walls so thick. The space occupied by the lungs was, of course, diminished by the size of the heart. The gall-bladder was very full; the liver healthy; the stomach moderately distended with fluids which he had taken with freedom. Nothing further of importance was noticed.

Dr. Clark, on examining the specimen, stated that the mitral valve is thickened and leathery, and the margins of the aortic valves are covered with adventitious deposit. The pericardium is separating from the heart, so that in some places it

is merely united by minute threads—on all sides portions are completely separated from the heart. The case, he remarked, illustrates the fact, that when hypertrophy begins at an early age, it attains a size which an adult could scarcely carry, had it commenced at a later period.

Dr. METCALFE asked of Dr. C. the reason for believing that the pericardium had been completely attached, and was at the time of death separating.

Dr. CLARK replied, that in cases of long duration, slight attachments (similar to those in this case) are found, and in recent cases the pericardium is completely adherent; and it is now supposed to be a fact, generally in reference to inflammation of serous membranes, that after months or years the adherent serous membranes, wherever there is motion, become gradually separated.—*April 10th*, 1850.

Case of Aneurism of the Arch of the Aorta, attended by unusual symptoms. By CHARLES D. SMITH, M. D.

Nicholas Brookman, aged 36, German, stool-maker, temperate and robust, was admitted into Bellevue Hospital, April 13th, 1850: has complained of pain shooting through the chest since December, 1849; previous to that had always enjoyed good health. On admission he complained of pain in the left side of the chest, increasing on full inspiration; the respiratory murmur was weak over this side of the chest, but no abnormal sounds could be detected; chest resonant throughout, vocal resonance more strongly marked on the right than on the left infra-clavicular space; pulse 76, strong; respiration natural, countenance anxious, appetite good. At 8 o'clock, P. M., took of opium one grain; an hour afterwards was seized with dyspnœa, amounting almost to suffocation; at the same time a tumefaction was noticed over the whole of the anterior aspect of the neck, which did not entirely impede the access of air through the trachea. On examination found right side of the chest unusually resonant with bronchial respiration, and a slight pulsation beneath the clavicle; the heart's action feeble, pulse scarcely perceptible at wrist, respiration ten per minute, labored and gasping. The paroxysm lasted about

fifteen minutes: could only rest on the left side; the tumor in the neck did not disappear. He was ordered Pulv. Dover, grs. x. He rested about an hour, when he was again taken with a paroxysm of dyspnœa; this attack also lasted about fifteen minutes, soon after which he fell asleep, and passed the night very comfortably, also the next day.

April 15th, at 12 o'clock, he was seized with a third paroxysm of dyspnœa and suffocation, while his wife was visiting him. At this moment I was called to him; his agony was intense, produced by the great effort made to breathe; thinking there might be œdema of the glottis, I made an examination, but found none. Not understanding the nature of the case, and fearing from the symptoms pressure on the larynx or trachea, upon consultation I performed (with his consent) the operation of tracheotomy, but without success. Artificial respiration was tried in vain.

Post-mortem examination.—This revealed no disease of the larynx or trachea; the tissues of the neck were, however, considerably infiltrated with blood. Upon opening the thorax some few adhesions were perceptible on both sides; the right pleural cavity was completely filled with blood and serum; on removing this, a tumor was discovered at the superior and posterior part of the cavity, about the size of the heart, which proved to be the *pleura costatis* pushed out, behind which were clots of blood. In the left pleural cavity no blood was found. A further examination disclosed the presence of a tumor which proved to be an aneurism of the arch of the aorta. The aneurismal tumor adhered to the *vertebral* column on the left side, and absorption of the bodies of the third and fourth dorsal *vertebræ* had taken place. It had also extended to the right side, where it had burst, and thus its contents had passed under the pleura, and so upwards into the cellular tissue of the neck. —*April 24th*, 1850.

ART. VIII.—*Facts and Opinions respecting Asiatic Cholera.* By AUGUSTUS K. GARDNER, M. D.

NOTWITHSTANDING the numerous pages that have been written upon the disease which lately, in a pestilential form, ravaged our country, very little information has been given. This, it seems to me, is owing to the fact that the contributions to our medical literature, upon this disease, have been made by theorizers and as matters of speculation. The propositions and hypotheses have either been false, or proper deductions have not, as yet, been drawn from them. It seems to be high time that attention should be paid to the facts; and from sure data of this kind definite and true results may, it is hoped, be finally attained. Having had the charge of one of the most sickly quarters of this city, by virtue of a municipal appointment, during the recent epidemic, and having thus, and in other ways, had an opportunity to witness the rise and progress of this fatal malady, I have deemed it best to give my experience in the matter, and to make some very brief and general reports of some anomalies and peculiarities which have fallen under my observation. These, I think, will be of value, if they but end (as it is hoped they may) in stimulating others to do likewise.

And first, in regard to that contested question, its method of propagation. Before its prevalence here, during the summer of 1849, I was induced, by the reading which I gave the subject, to believe in contagion, or, as it may be better styled, in its "personal communicability." During the first month of the epidemic I changed my views, but have now again returned to my old belief, and am now a decided believer in the doctrine of contagion. Not that all exposed will take the complaint, but that it is also necessary to be predisposed, either by general debility or by reason of some indiscretion in eating, fatigue, &c. It would be useless to attempt to give all the steps by which this double change was made, and I will, therefore, merely give some facts which came under my personal attention.

A young lady died with cholera, in Thompson-street. A

German woman, residing the other side of the street, in a rear building, filled with her country people, several days after, washed the clothes of the deceased. In a few hours she was taken with cholera; her three children, at short intervals after, were also taken. She and two children died in the Centre-street hospital. No one else residing in the house was affected.

In Laurens-street, Mr. Fenton, a street-sweeper, one evening assisted at the bed-side of a friend, ill with cholera, in the next ward. Went to bed as usual and to work next morning. At noon was taken while at his occupation—was carried home. In about an hour after, his wife, a nervous woman, and pregnant, was taken, and they both died about midnight. The attack of Mrs. F. was so sudden, that she fell instantaneously, as all supposed, in a fainting fit. She went almost immediately into a collapse. No one in the neighborhood had been ill with this disease for about a fortnight previous.

At 73 Charlton-street, rear, in a basement, six persons died, one after another, with cholera. The first, the mother, the second, a woman who had come in to nurse her; another, a girl of twenty, who had the day or two previous come from Philadelphia, in which city there had then been little or no cholera. One other was a child boarding here; another, the mother, who had come in solely to attend to it. The neighbors shunned them, and there was no other cases in the house or yard. The disease was confined to this single room and bedrooms attached. None of those coming there had come from unhealthy districts, and there was no reason why that room should have been alone subject to the disease.

A healthy Irish girl, æt. 19, landed here the 11th August. On Tuesday she got a situation in a family where a child was sick with the cholera. Saturday following she was taken ill. In the afternoon attempted to walk to her friends, but fainted in the street. She was sent to the Hospital that evening.

At 472 Washington-street, an intemperate man died with cholera, in a rear building filled with similar people. The neighbors avoided him. The next day a man living in an adjoining room, who had assisted in the care of him, was taken ill

and sent to the Hospital. None else were affected afterwards to my knowledge.

I might mention many more cases, which, perhaps, might not be considered so strongly marked as these, but which yet affected my judgment and led me to believe in its "personal communicability."

Post-mortem examinations of the victims have shown universally a congested state of the internal organs. This state has, if not theoretically, at least practically, been considered as the cause of the disease, instead of the effect. The obsolete "liver complaint," which was the scape-goat upon which ignorant diagnostitians have formerly cast their blunders, still had to bear its load, and congestion of the liver permitted a most unfortunate practice to arise, which, in my opinion, has greatly added to the already frightful mortality of the disease. If the epidemic cholera was treated in the same manner that it would be were there but a single case, and no alarm in consequence—were it, in fact, mistaken for cholera-morbus—it would be treated far more successfully. Who, in such a case, would consider calomel by the drachm a proper antidote or preventive? Who would not give opium for simple vomiting and purging?

A second cause of the little success resulting from treatment, has been an ignorance of the character of the disease in another particular. Physicians have not known when the complaint commenced. Hearing astounding reports of the rapidity of its invasion, and the swiftness with which it finished its work, they naturally looked for a clap of thunder to show its approach. But they forgot that the salute announced its arrival, and not its coming. The incipient diarrhœa, the *avant-courier*, was neglected, and instead of keeping this Napoleon of diseases at bay by preventives, the enemy were upon them, and panic finished an almost completed work.

It would, I am convinced, be almost impossible to find a case where collapse appeared without any premonitory symptom, unless when, in rare instances, it was excited by great excess. A slight diarrhœa, of two or three days standing, has very generally been the first symptom. This is always easily stopped by a proper attention to dietetics, and by the judicious

exhibition of opium and astringents. If not checked, this continues growing more and more aggravated; the stomach sympathizes with the disordered intestinal canal, discharges its contents and its subsequent serous excretions; cramps, &c., supervene, collapse follows, and then the patient is said not to be affected with diarrhœa, nor by vomiting and purging, denominated cholera-morbus, but with malignant cholera. When did this latter disease commence?

The disease was either from its commencement epidemic cholera, or the time when cholera supervened upon diarrhœa cannot be told. This first stage, whether cholera or diarrhœa, all will allow, would be well treated by opium and astringents. Few would administer calomel in any dose, none in the large quantities of a scruple to a drachm, every one, two, three, or six hours.

The subsequent stages of the disease, to which, if properly treated, it will scarcely ever advance, are either an aggravated diarrhœa, with some new symptoms added, or cholera. If the former, the same treatment should be assiduously persevered in. If the latter, is there any reason for change? Is any thing better known? Opium is the only medicine which has any reliable efficiency in this disease. Acetate of lead, and astringents generally, are useful adjuvants; calomel I think useless in small doses, injurious in great. During the last summer, at the eruption of the cholera, I administered calomel freely, but after some six or eight weeks became convinced of its inertness or baneful influence, and afterwards relying solely upon opium as the sheet-anchor, given in powder, saved twice the proportion of similar cases, most of them, however, having broken constitutions and in collapse when seen. Recent English reports speak strongly against the use of calomel, and extol the opium practice. Nine-tenths of those who have not arrived at collapse can be cured with this drug, freely administered.

Many have had their faith in calomel increased by occasionally noticing the arrest of the vomiting subsequent to its administration. This result may be also noticed after taking various other articles into the stomach; such as ice, brandy, carbonate of soda and ammonia, tinctures of capsicum and

camphor, creosote, &c., which few think possess any great curative powers. The difficulty in the treatment is not in arresting the vomiting so much as the alvine discharges. Opium not only does this, but relieves the cramps and acts as a tonic. Neither have I seen bad results from its administration. Accustomed to give it, by pouring the powder from a bottle into a teaspoon, in from two to *ten* grains, from every hour to every four hours, I have never seen but in a single instance, narcotism produced, and in that by a drunken woman's self-administration of "cholera drops" in a state of semi-delirium.

ART. IX.—*On the different modes of Aquatic Respiration in Insects.* By LEON DUFOUR. Translated from the Comptes Rendus, for the New-York Journal of Medicine, by JAMES BRYAN, M. D., Professor Institutes and Medical Jurisprudence in Philadelphia College of Medicine.

RESPIRATION in insects is either *atmospheric* or *aquatic*. But whatever may be the mode of this function, the air is always destined to circulate in canals, which ramify successively, in the trachea, in an universally vascular pulmonary tissue, which transmits it to all the viscera, to the intimate structure of all the organism for the purpose of nutrition. This is the most remarkable anatomical peculiarity, the most peculiar characteristic of insects. There is no exception to this circulation of air.

Air is inhaled either by external respiratory orifices, the *stigmates*, or by special organs, the gills, which extract it from water.

A considerable class of insects partake also with a higher order of animals, the vertebrata, the double mode of respiration, the *atmospheric* and the *aquatic*. This presents one of the numerous harmonies of creation.

And as, according to Leibnitz, nature abhors a vacuum, I should say that we have in an aquatic insect, a mode of respiration intermediate between the atmospheric and branchial. A new fact in science.

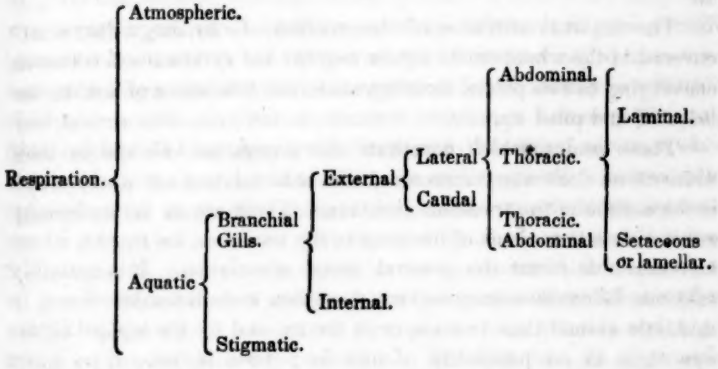
We have here another of the harmonies. As in the vertebrata, so in insects, we find species organized to live in air and water; in a word, they are amphibious.

This is not all, there are insects which pass the first part of their

lives with a branchial respiration, and the second or adult period with an atmospheric. We have analogous organizations in batrachian reptiles.

But nature is far from being confined to the uniformity of plan to which we would restrict her. She exhibits the extent of her power and resources in the varieties of creatures, as well as in their mode of existence. The aquatic insects are not all in which a branchial respiration is found. This form of apparatus is exclusively proper, as I shall demonstrate, to certain larvæ. No insect arrives at a perfect state, to that perfection of organization, where the reproductive function exists, with a branchial respiration; at least we have but one example, that of the *Pteronarcis regalis* (Newp.), a Neuropteric insect of North America. All others, whatever locality they inhabit, in water or on land, whatever order they may belong to, respire air by means of stigmates; while, among the vertebrata, the fish originate, increase, and multiply with a branchial respiration.

I will present in the following little table, the different modes of respiration, and the respiratory organs of insects:



CHAPTER I.

Aquatic Branchial Respiration.

1. *External Branchial.*—The abdominal and lateral are generally in seven pairs; in the *Sialis*, in simple threads; in different forms in the Ephemeris; here in rounded scales, single or double, appendiculated or not; there in ramified scales, sime or multiplied: again, others in bunches reflected on the back, and double; tubular or simple, or compound, as in the Phryganidii, the Nemaurii, the Perlii.

All these filaments, scales, and smaller scales are enriched with trachean embroideries, which form their air-producing organs.

The caudal branchia are found in the larvæ of the Agrions. These are three oblong scales, overrun by trachean ramuscules.

2. *Internal Branchia.*—These are common to some larvæ of the Libellulii. Those of the Calopteryx form a peculiar transition type, which has not as yet been observed. One might suppose, at first view, that their three caudal scales were branchia; but they are fins or oars for swimming. The rectum is here the real receptacle of the true branchia, which consists in three membranous rachets inserted into the internal tunic of this fæcal pouch.

The great larva-nymphs of the Libellula and Alshna present us with the most complicated type, and the most perfect rectal branchia.

In much experience in autopsies of insects, I am yet much surprised at not having, until the last few years, dissected so interesting a class of larvæ; already so distinguished by the works of Réaumur, Cuvier, and Lukaw; and at being so long a stranger to the wonders of the texture of their rectal branchia secretory organs of air.

The internal surfaces of the rectum of our large larvæ are covered in the whole extent by six regular and symmetrical columns, converging to two points, forming, each one, two series of scales, imbricated and piled up.

These scales, which constitute the organ, as followed to their ultimate or elementary structure, are reduced to a net work, which is the outline of the trachéan divisions. These attach themselves by successive anastomoses of the rami to the branches, the trunks, whose *tout ensemble* forms the general aerial circulation. It is certainly easier to follow these connections, these fine vascular anastomoses, in this little animal than in man, or in the ox, and for the scalpel or the eye there is no possibility of mistake; there is, indeed, no great difficulty.

The final structure, then, in organic composition in the branchia of the insect, as in the fish, is a vascular woof, giving to the last word only its etymological or anatomical meaning. Only, in the fish it is blood, and in the insect it is air, which is confined in the vessels of this woof.

The insect and the fish have, then, branchia. Duvernoy, in his just appreciation of the respiratory apparatus in these two classes of animals, has termed that of the insect's *pneumated branchia*, an epithet which, in expressing the air-bearing function, establishes the

differential character of the branchia of the fish, which are sanquiferous.

In pursuing this parallel of the branchia, we will observe that those of the fish are placed on the sides of the head, and water submitted to their action enters the mouth; this is a hyo-branchial apparatus, according to the expression of Duvernoy. In our larvæ, the rectum is the receptacle of the branchia, and the water comes in contact with them through the anus; this is recto-branchial. Oh, sublime Organizer of the grand and the diminutive, by how many different ways dost thou obtain the same end! Well may we exclaim—*Magnus in magnis, maximus in minimis!*

I will close this account by an anatomical fact, the more interesting, that it presents the most complete analogy with what is seen in the branchia of fish. After having macerated for two days a larva, in process of dissection, to find out the mode of connection of the vessels of the branchial scale, I observed that my forceps drew, with facility, a large fold of a glassy membrane, which was evidently detached from the internal surface of the rectum. I examined carefully this membrane, and was much pleased to find to my surprise, a serial arrangement of folds, representing the free margins of the branchial scales, with all their texture. I directed my lens to the corresponding portion of the rectum denuded, and found there branchial scales, with all their anatomical attributes, but more distinct than before this decortication. I repeated the experiment and obtained the same results. In the fish, the scales and the ridges of the branchia were equally covered by a membrane furnished by the buccal mucus, as has been demonstrated by Duvernoy and Rosenthal.

I will add a few lines on the comparative physiology of this admirable apparatus. Our larva with anal branchia attracts and expels, I repeat, water through the anus. There is, then, an alternate entrance and exit of water, as there is of air in atmospheric respiration; but there is not in this double movement the same regularity or isochronism which is observed in the respiratory act of large animals. The water must remain in the rectum, to bathe the branchia, for the accomplishment of the secretion of the vital air. Inspiration and expiration are performed by means of an external apparatus, whose parts expand and contract at the will of the animal. This mechanism is termed by Réaumur, the *play of the piston.*

I proceed to state, that the branchia are carpeted, covered by the mucus of the rectum; it is this mucus, then, which, being in

direct contact with the water, operates by virtue of its vital properties, by an exquisite electric sensibility of its organic chemistry, the separation of the respirable air; it is this which filters it, transmits it, and presents it to the vascular woof of the branchial scales. Hundreds of the latter pay incessant air-tribute to the great trachean canals, which, like so many arteries, cause this vital air, which impresses the assimilating faculty to the nutritive fluid, every where driven or infiltrated, to circulate.

Let us see if in large animals, with a hyo-branchial apparatus, nature does not proceed in the same way, with slight modifications, easy to justify. What occurs in the respiratory act of fish? Have they not also branchial scales, covered with mucus of the mouth, which seek in water respirable air? Does not oxygen extracted from the surrounding water, produce in the nutritive fluid an assimilating condition? Thus far do we not find in the fish, as in the insect, the same series, the same succession of functional acts, the same physiology? Where, then, is the difference? Evidently in the existence of a vascular circulation for the fish, and in the absence of this circulation in the insect. And as nature has substituted a circulation of air for a circulation of blood, may it not follow that, anxious to maintain life in two organisms so distinct, she should conciliate the means and the end? The nutritive fluid cannot go to seek the air, the air must seek it to combine with it. Shall I be blamed for repeating to satiety this simple expression of a great truth, recognized now half a century by Cuvier? I repeat aloud, and with deep conviction, that it is true and cannot be gainsaid. Yes, in the fish, the blood circulates in the branchia, in order to be bathed in the assimilating air; in our larva, the air pushed into the branchia circulates through the whole body, to spread the benefits of this contact.

CHAPTER II.

Stigmatic Aquatic Respiration.

I proceed to describe different modes of branchial respiration, as always found in larvæ entirely aquatic. I will now speak of a *perfect insect*, which enjoys a respiration entirely aquatic, exercised, not by branchia, but by stigmata. I have found but one little coleopterum, of scarcely a line in length, which has presented this mode of respiration well formed: it belongs to the numerous family of the *Charançonites*, it is the *Phytobius hyarophilus*, which I have lately described as a new species. The larva, the nymph in its cocoon, and the perfect living insect, are all three under water, parasites of the

branches deeply immerged, of the *Myrisphillum spicatum*. It is in the full meaning of the term an aquatic species.

The discovery of such a *habitat* for a charançon, was a fact too new, too peculiar, not to stimulate my curiosity very highly. With the view of observing at leisure its movements, its private life, especially its mode, so original, of respiration, I placed a good number of these Phytobii in a bowl, where I imitated the conditions of their native place, and during more than a month, I kept them in sight in my office. It was necessary that I should take the greatest precaution in making these observations. Close attention and continued patience convinced me that this coleopter remained constantly submerged, even at night. I watched all its movements in order to know whether it ever came to the surface for air, as do the Hydrophiles, Dyiques, Corises, Nepes, etc. Its color, a grayish white, favored my observations. I have never seen it emerge. I have satisfied myself also that it has not the power of enveloping itself with an atmosphere of air, as is the case in many insects which inhabit water without fins. My Phytobii lived in this glass vessel with the little Dyiques, which I saw emerge often as far as their abdomen to obtain their supply of air, and with a *Parnus Dumerilii*, which presented the curious spectacle of its brilliant aquatic balloon or diving-bell.

I examined my charançon during their long periods of immovability; I carefully followed them in their gentle perambulations; I perceived them occasionally rubbing their mandibles, nibbling the *Myriophyllum;* but they did not attempt to emerge. I surprised one, one day, having lost its floating support, swimming in the water, by the agitation of its feet alone, like a dog or a horse. It did not appear to be disconcerted by what I considered an accident. Afterwards I saw, and this occurred frequently, it voluntarily throw itself on the water, either to obtain another twig which it wished, or merely for exercise, which astonished me, and its object I have not yet penetrated.

In this singular gymnastic exercise, which continued several minutes, it did not attempt to approach the surface, or to get out of its prison. Its swimming seemed to be a species of trot, and nothing indicated that it was struggling with the fear of drowning. It was evident that this active locomotion was voluntary and performed at will. It swam up and down, and around the vessel; it crossed the branches of the plant without catching on them, without touching them. This exercise appeared instinctive and a physiological necessity.

This aquatic life, which I examined with so much interest, existed with all the signs of good health. The insect appeared to be in its element, and lived according to its nature. It is a singular fact, which I considered insignificant, but which further observation has induced me to consider of importance, viz., that in its serious attitude of immobility, the *Phytobius* appeared from time to time somewhat agitated, almost convulsively, most frequently the middle feet, sometimes the others. This volatile movement seemed like St. Vitus's dance. Armed with a good lens, I carefully examined the surface of the insect, with the hope of detecting some respiratory act, but could perceive not the least atom of air.

The fact that its life is naturally spent in the water appears to me established. It reminds one also of the interesting history given by Audouin, of the *Trechus* (Bremus) *fulvescens*, a little Caralique, which submerged during a full, high tide, remained so during the rest of its life; and of the more recent account given by Laboulbène in relation to the mode of respiration of his *Ægus Robini*, when placed in the same conditions as the *Trechus* (Bremus) of Audouin.

But the case of my Phytobius is quite surprising and unique. It has not, like the *Trechus*, *Parnus*, *Heteroccrus*, etc., the resource of an impervious down, a velvety tunic, which retains a quantity of air around the body, for the use of the stigmata. Its tegumentary covering does not present, to the best lens, any down. Its body, in fact, is covered by a species of scaly cuirass, serrated and impermeable, and retaining no air near its surface.

I have asked if the Phytobius did not possess the faculty of suspending its respiration for a length of time beyond what we usually suppose. With the least doubt in the matter still remaining, I have been dissatisfied until I could present some good physiological reason for its aquatic existence, and I have accordingly come to the following conclusion:—In these active swimming movements, as well as in these movements of its feet, air is disengaged from the water, and by these centripetal movements is driven to the stigmata, where respiration is accomplished. I will continue the investigation on insects without branchia, down, fins, or oars.

ART. X.—*Analysis of Chyle and Blood.* By M. E. MILLON. Translated from the Comptes Rendus, of December, 1849, with remarks, for the New-York Journal of Medicine. By JAMES BRYAN, M. D., Professor of Institutes and Medical Jurisprudence in Philadelphia College of Medicine.

THE proportions of the elements of the blood, in its entire mass, have not yet been determined; while an analysis of the fibrin serum, and the globules which compose well nigh its entire volume, has been made; and on the other hand, as we attribute to these different principles an elementary composition, which are confounded, so to speak, with the protein substances, we are generally disposed to admit that the composition of blood differs but little from albumen.

This is a point, which a direct organic analysis, such as I propose, is calculated to clear up. As to the chyle, its composition is the object of numerous theories, and we have not, to my knowledge, any elementary analysis of it.

I have analyzed simultaneously the arterial blood and chyle of two dogs, placed under very different diets. One was fed for two days, on as much as he would take, of milk; the other consumed in the same length of time, a large quantity of fat, mixed with bread and other food.

I. *A dog fed two days on milk.*

I selected this simple regimen, because I proposed while analysing the chyle, to find out whether it would contain an excess of carbon and of hydrogen.

Indeed, if the chyle, as is stated, is the fluid in which are received and elaborated the crude materials ere they are thrown into the general circulation, this elective absorption is in the best condition to manifest itself. The absorbent vessels of the chyle, finding in milk a union of principles especially alimentary, butter, caseum and sugar of milk, should reject the caseum and the sugar of milk and absorb the butter. As to the blood, it should, after this milk diet, present a medium composition, subtracted by the influence of the special aliments; an influence which should be very obvious in the second dog, fed with an excess of fatty matters.

It would be tedious to state all the particulars of the several analyses; I will give a brief statement, and say: That the blood

contained carbon and nitrogen in the same proportion as albumen; but that it differed from albumen in containing a great excess of oxygen; so much so that the arterial blood of a dog fed for two consecutive days on milk, might be considered as albumen greatly oxygenated.

The chyle, three times less rich than blood, in organic materials, presented a composition of the same character precisely; and far from presenting an accumulation of fatty matter, it might be considered as albumen also, well oxygenated.

II. *Dog fed during two days with excess of fatty matter.*

Here the carbon and the nitrogen were also found in the proportions to form albumen; but instead of containing an excess of oxygen, the blood contained an excess of hydrogen. The arterial blood of this dog contained a much larger amount of hydrogen than that of the first. The chyle also had this character; a new analogy between the elements of the chyle and those of the blood; examined in the same dog.

This mode of analysis, which is quite new, which may be executed with a few grains of materials, should certainly be combined with other analytical methods: but it conducts to important indications to the physiologist.

Thus the arterial blood of the same animal demonstrates, under the influence of two forms of food, a decided modification. The analysis of the first blood authorizes us to seek in this fluid, besides the albuminous serosity, besides the fibrin and the material of the globules, a considerable proportion of oxygenated products, on account of which the secretions occur so full of oxygen. In the second blood, which presented an excess of hydrogen, these same products of oxydation probably existed also; but they were masked by the superabundance of fatty matter introduced with the food. If we compare the blood and the chyle taken at the same time from the same animal, we will find a great similarity in the composition of these two fluids; but it is impossible to discover in the chyle the index of the absorption of fatty matter, exercised by the chyliferous vessels in preference to other alimentary principles.

Where fat has been administered in improper quantities, both chyle and blood will indicate the *fixation* of an excess of fatty matters. This fixation—is it more decided in the chyle than in the blood, or is it the result of a general excess of fatty matter which lodges in parts appropriated to its reception? Facts incline strongly to the latter conclusion.

I send you, Mr. Editor, the above "facts" on the still dark subject of the composition of the chyle, and the effects of different kinds of foods on the blood and chyle. Could we but fairly determine the composition of these fluids, under the influence of various diets, we might decide on the value of different foods in the treatment of some forms of disease.

So very unsatisfactory are all the statements in the standard works on Physiology, in reference to these matters, that the least light thrown upon them is valuable. The experiments of Harlan, Coates, and Lawrence, of this city, showed conclusively that substances *not* nutritive may be absorbed and get into the lacteals, and consequently that medical agents may thus enter the circulation.

Yours, &c. J. B.

PART SECOND.

CRITICAL ANALYSIS.

ART. XI. *A Practical Treatise on Inflammation of the Uterus and its Appendages, and on Ulceration of the neck of the Uterus.* By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians, Physician Accoucher to the Western General Dispensary, Formerly House Physician (by Concours) to the Hospitals Saint Louis, Notre Dame, De La Pitie, and La Salpetriere. Paris Second Edition, London. John Churchill, 1849.

Des Ulcerations, et des Ulceres, du Col de la Matrice et de leur traitement. Par F. L. PICHARD, Médecin de la Faculte Médecine de Paris, etc., etc. Avec 8 Planches, contenant 27 figures. Paris, 1849, 8vo., pp. 480.

On Ulcerations and Ulcers of the neck of the Uterus and their treatment. By F. L. PICHARD, etc.

Etudes sur les Maladies des Femmes qu'on observe le plus frequemment dans la Pratique. Par ALEXIS FAVROT, Docteur en médicine de la Faculté de Paris, etc., etc. Paris, 1847, 8vo. pp. 423.

Investigation of the Diseases of Women that are most frequently met with in Practice. By ALEXIS FAVROT, etc.

SECOND NOTICE.

THE views of Dr. Bennet in regard to the displacements of the uterus are not at all in accordance with most writers on female diseases. He regards them as nearly always the result of increased volume and weight of some part or other of the organ, produced by inflam-

matory action or by morbid growths. He believes that the uterus is supported and retained in situ, not so much by ligaments, as by the pressure of the surrounding organs and the contraction of the upper part of the vagina on its lower segment. In its healthy and natural condition, the uterus is very light, its average weight in a state of vacuity being only an ounce and a quarter, and it is very movable. "It is poised, not suspended, in the centre of the pelvic cavity," and sustained in its place, almost as much by the contractile vaginal walls, as by the uterine ligaments. An increase of weight in any one region of the womb would therefore depress that part. And hence, according to Dr. Bennet, prolapsus uteri is due to enlargement of the cervix, its extent depending upon the extent of the hypertrophy, the laxity of the vaginal walls, and the laxity of the uterine ligaments. Dr. Bennet does not regard retroversion of the cervix as a morbid condition of that importance which has been ascribed to it by Prof. Simpson and others, but merely as a result of inflammation. "Patients suffering from uterine inflammation, finding walking or standing painful, generally lie or recline as much as possible. In this position the uterine neck, if hypertrophied and heavy, not only falls in the vagina, but bears on the posterior vaginal wall, and in the course of time becomes retroverted, especially if the contractility of the vagina has been relaxed by inflammation." This condition is increased in married females by intercourse. Retrovertion of the cervix is rarely observed in unmarried females. Inflammation and ulceration of the cervix were formerly believed to be a result of the displacement from the friction to which the cervix was exposed. But the cause was substituted for the effect. Where the displacement is not very great, a cure of the inflammatory condition of the organ is a cure of the displacement. Many symptoms have been attributed to these displacements, as pains in the back and sides, bearing down, inability to walk, with a disordered state of the general system, which really are the result of an inflammatory state of some part of the uterus. Displacements of the uterus and its neck, in whatever direction they occur, when slight, and when they have taken place gradually, do not occasion any symptoms whatever, if there is no inflammation present. It is only when the displacement is so great as to interfere with the functions of the organs compressed, that marked symptoms arise from it. These views of Dr. Bennet have been opposed by many writers on this subject, and particularly by Prof. Meigs, in his recent work on "Females and their Diseases." He rejects both the anatomical and pathological views of Dr. Ben-

net on this point, ascribing to displacements, particularly to prolapsus, a very important part in producing many of the local functional and constitutional symptoms and reactions which Dr. Bennet believes due to inflammatory affections of the uterus. So, also, Prof. Simpson, and after him, many others, have given great prominence to retroversion of the uterus as a frequent and important pathological condition. We shall not stop here to argue the question at issue, as theoretical discussion will do very little towards settling it. The real value and pathological character of these displacements are yet to be determined by more extended observation, and, being susceptible of demonstration, a wide and legitimate field is here open for the ambitious investigator. We are confident, however, that all, who are practically acquainted with uterine disease, will concur with Dr. Bennet so far as this, that inflammatory enlargement of the body or the neck of the womb usually produces more or less displacement of some form or other, which almost invariably disappears, together with all morbid symptoms, after the cure of the inflammation. We are not prepared to say, neither do we understand Dr. Bennet to assert, that there are no cases of what may be termed idiopathic displacement; that is, displacement without any organic change of the uterus itself.

We shall pass over, without comment, the valuable chapter of Dr. Bennet on "syphilitic ulcerations of the neck of the uterus," because, fortunately, the subject would be of little interest to the majority of the readers of this Journal.

We commend the chapter "on the diagnosis of cancer of the uterus," to the careful study of all who are ever called upon to treat uterine disease. Dr. Bennet points out the distinction between cancer and inflammation of the uterus, which have hitherto been confounded by the ablest and most recent writers on this subject, in this chapter; a brief abstract of which we are certain will prove acceptable to our readers. He fully adopts the views of Professor Bennet of Edinburgh, embodied in his work on "Cancerous and Cancroid Growths," as to the structural formation and pathological character of these affections. After quoting from the above work an account of the anatomical structure of cancerous growths, our author proceeds to the discussion of the frequency of cancerous degenerescence of chronic inflammatory disease. He believes this to be extremely rare, for the following reasons: 1st, The structural origin of the two diseases is totally different; 2d, among many hundred cases of uterine inflammation he never has seen a single instance of

cancerous degenerescence; 3d, he has always found cancer in an advanced and decided stage of its development. Sir Charles Clarke, Dr. Ashwell, and Dr. Montgomery, consider cancer, in its incipient stage, to be recognizable by its physical characters, and capable of arrest, and even cure, in the majority of instances.

These physical characters which distinguish cancer in its incipient, non-ulcerated stage, according to the above authors, are as follows: "A firm tumor of a rounded form, springing from the surface of the cervix, or imbedded in it, or general enlargement and hardness of the cervix; an open gaping os, which admits the extremity of the finger, perfect freedom of the vagina from thickening or disease." (Sir Charles Clarke.) "Hard tumor of the entire cervix; puckering and hardening of the edges of the os, and hard tumors deposited in any portion of the cervix; a dull white or slightly gray color of the mucus membrane covering the cervix." (Dr. Ashwell.) "Margin of the os hard, slightly fissured, projecting into the vagina, and irregular; in the situation of the muciparous glands, are felt several small, hard, and distinctly defined projections, like grains of shot, painful on pressure; cervix slightly enlarged and harder than natural; circumference of the os turgid, of a deep crimson color, the projecting points being blueish; no thickening or disease of the vagina, or consolidation of the uterus to the pelvic contents." (Dr. Montgomery.) But according to Dr. Bennet, all these anatomical conditions may be produced in the neck of the uterus, and are daily produced by inflammation and puerperal laceration of its orifice. Most certainly, if they characterize incipient cancer, this formidable disease is exceedingly common, for we have often met with it and often cured it. Dr. Bennet well says, if the disease described in the extracts given above is really cancer of the neck of the uterus, "cancer in that organ must be a totally different malady to what it is in all other parts of the body. Cancer in other regions is not, most certainly, a disease which can be *nearly always arrested*, and *often cured*, by *antiphlogistic* and *alterative* treatment, even when recognized in its early stages." "The same in its secondary or ulcerated stage, why should it be different in the incipient or non-ulcerated period?" Dr. Bennet regards the puckering of the edges of the os, as merely a result of laceration of the os and cervix during labor, and of subsequent inflammation of the lobules into which the margin of the os and cervix is thus accidentally divided. Dr. Ashwell doubts whether the cervix is, in reality, frequently lacerated during labor, but we think the weight of evidence is against him.

We have seen no case reported where the regular fissurated and hypertrophied lobules, which constitute the puckering, existed, except in those who have had children or miscarried; a fact which strongly corroborates Dr. Bennet's opinion. We have then no physical signs by which we can, at the present day, diagnose cancer in its incipient or non-ulcerated stage of development. It probably gives rise to no symptoms sufficiently decided to induce patients to complain or to seek for advice. According to the pathology of some, all malignant developments are only results of previous inflammatory action. Duparcque, whose views on this subject have undoubtedly exerted a greater influence on the minds of the profession in this country, than any other writer, seems to regard inflammation of the uterus as frequently terminating in cancer. We have no hesitation in saying, that beyond all doubt, inflammatory induration has been frequently confounded with cancerous induration, by a large majority of those who have recently written on this subject. The diagnosis of ulcerated cancer of the cervix uteri is easy to those familiar with its characteristics. It is distinguished from inflammatory ulceration by the *irregular indurated* ridges and lobules, the induration generally extending to the contiguous portions of the vagina—by the immovability of the cervix and uterus—and by the peculiarly offensive odor of its discharges.

We shall next briefly notice the treatment of Dr. Bennet for the affections we have been considering. Simple inflammation of the mucous membrane of the cervix seldom produces such marked symptoms as to induce the patient to seek for medical aid. It no doubt frequently exists unsuspected, and subsides spontaneously. But when it extends to the deeper tissues, the cervix becomes hypertrophied and enlarged, the symptoms of uterine disease are evident, and treatment is sought for. This is almost wholly topical with Dr. Bennet, consisting in vaginal injections, hip baths, local depletion, and the use of caustics. Injections, as ordinarily made use of, are of very little service, the fluid injected rarely reaching the seat of the disease, and the quantity thrown up being so small in amount as to produce very little effect. In order to insure much benefit from their use, the patient should always take them in a recumbent posture, and even when medicated, not less than a pint should be used. Cold water, in large quantities, is not only useful as a lotion, to cleanse the parts from the morbid secretions which accumulate around the neck, but it acts also as a tonic and astringent to the relaxed mucous membrane. Medicated injections are often extremely

serviceable, either emollient, anodyne, or astringent, as the circumstances of the case require. Where there is a considerable amount of irritation or inflammation, which astringents do not allay but even increase, Dr. Bennet recommends milk and water, linseed tea, or the decoction of marsh mallows, tepid or cold. Where an anodyne is required, more powerful sedative results are obtained by injections into the rectum. Of all agents for astringent injections, Dr. Bennet prefers alum, ordinarily in the proportion of a drachm to a pint of water. On account of the difficulty of using the solution of nitrate of silver, he restricts its use to the vulva, when it is the seat of inflammation and irritation. *Hip baths*, when neither too warm nor too cold, he has found of decided benefit in the treatment of uterine inflammation. When the temperature is too high, they do harm by drawing blood to the pelvis, and when too low, by depressing too much, which is apt to be followed by violent reaction. *Local depletion*, by means of leeches or scarification, is very efficacious in subduing inflammatory disease of the uterus, as in the external regions of the body. It is not, however, absolutely essential for the cure of these cases. After menstruation, the local abstraction of blood by one or the other of these methods, modifies that periodical congestion "which so much aggravates the sufferings of patients, and so greatly retards their recovery." Dr. Bennet prefers leeches, when circumstances will admit of their use, as a sufficient quantity of blood is more easily abstracted by their means than by scarification. The following extract will show that he is no advocate for excess in the use of this means:—"Indeed, there is much greater reason to fear that local depletion will be abused, now that it is becoming generally adopted in the treatment of these diseases, than that it will be neglected. I am continually seeing cases in which, in my opinion, it is or has been carried very much too far, and in which the constitution of the patient has been greatly weakened by the repeated abstraction of blood. This is an error the more to be guarded against, as the frequent repetition of local depletion does not remove nutritive hypertrophy of the neck of the uterus, or cure ulceration." In our own practice, we have been compelled, from the circumstances of a large proportion of our patients, to rely chiefly upon scarification for the local abstraction of blood, and we have found no difficulty in obtaining sufficient for our purpose. Leeches have been objected to by many, Lisfranc among others, on the ground that they increase the congestion of the parts to which they are applied, that the bites degenerate easily and quickly into ulcers, and that they may cause

fatal hemorrhage. Experience, however, has shown that these objections are fanciful rather than practical. When the cervix is inflamed and ulcerated, and the os is open, an objection to the use of leeches does exist; in the danger of their attaching themselves to the internal cavity of the cervix, which being acutely sensitive, gives rise to most intense and agonizing pains—an accident which not unfrequently happens where leeches are resorted to.

In the cure of inflammation of the mucous membrane of the cervix, no one means acts so promptly and so efficiently as *cauterization* with the nitrate of silver. In ordinary cases, where no ulceration exists, this is the only agent required for cauterization. But where pseudo-membranous patches exist on the cervix, and in some cases where the inflammation extends into the cervical cavity, more powerful caustics are required, as the acid nitrate of mercury. In the treatment of ulcerative inflammation, the whole subject may be concisely stated in the words of Dr. Bennet. "We must first subdue subacute inflammatory action by emollients, depletion and astringents, and then modify by direct stimulation the diseased surface, so as to substitute healthy reparative inflammation for morbid ulcerative inflammation." In the accomplishment of the first indication, we have already alluded to the agents required. The second end is obtained by the use of caustics, of varied strength, according to the nature and extent of the disease, its chronicity, and the effects obtained. Dr. Bennet says, "Although, as I have stated, these principles apply to ulcerative inflammation in any region of the body, it is more especially in the treatment of ulceration existing on the mucous surfaces at the various openings of the body, that they are exemplified. Thus it is that we find cauterization to be the principal resources in all ulcerations of the nares, mouth, fauces, and arms, as well as in those of the external organs of generation, both of the male and the female. In all these situations, cauterization presents an additional advantage to those which it offers on a free ulcerated surface. The eschar which forms on the ulcerated surface protects it efficiently from the contact of the various fluids excreted through, and secreted by the organ, the mucous membrane of which is attacked, and thus allows the process of reparation to take place undisturbed."

The work of M. Pichard, the title of which we have placed at the head of this article, is a union of two memoirs, previously published, "on ulcerations and ulcers of the neck of the uterus." The design of the first was to demonstrate that cauterization, as a general

method of treatment, is not well founded, either in theory or practice; of the second, to point out and describe those therapeutic agents, both internal and external, the value of which, according to him, has been fully established by experience. M. Pichard admits, that under certain rare circumstances, cauterization is both proper and necessary. These are the following:—1st. When an indolent ulceration of long standing is covered with an albuminous exudation, a sort of pultaceous false membrane, it is necessary, in order to destroy the abnormal or accidental product, and to denude the diseased surface. 2d. When the ulceration presents a kind of soft and bleeding elevation, its surface being raised above the level of the surrounding parts, that is, where the granulations are too exuberant, cauterization is necessary "to restore the affection to a state of simple erosion." 3d. When an ulceration is indolent, and resists all other treatment. The treatment which he generally would adopt for ulceration of the cervix, is repeated bleedings from the arm, local depletion, cataplasms *in the vagina*, emollient and narcotic injections, local baths, absolute repose, severe diet, mucilaginous drinks, and such constitutional remedies as the individual case may require. He asserts, "That cauterization, as recommended by many practitioners, in the treatment of ulcerations of the uterus, is irrational, anatomically, because the texture of the uterus, eminently vascular, should lead us to apprehend excessive reaction, and organic degenerescence of the elementary tissues; etiologically, because it fulfils no indication whatever that arises from an exact appreciation of the different causes under the influence of which uterine ulcerations are developed; practically, because experience has shown that a great number of ulcerations resist its influence, and are cured when cauterization is suspended, while on the other hand, it would be easy to prove that those in which the cure is attributed to it, get well in spite of it, instead of by its use." We will not insult the common sense of our readers by any discussion of the above assertions, and merely quote them as curious specimens of the "advance backwards" in medical literature. Those practically familiar with uterine disease, *know* the truth of Dr. Bennet's assertion, that "the progress of inflammation and ulceration is, generally speaking, at once arrested by cauterization. The congestion and redness of the cervix diminish visibly, the granulations become smaller and healthier, the escape of blood is stopped, and the purulent secretion becomes laudable pus, if it has not presented it before. When cauterization is suspended, the ulceration generally remains stationary for a time; but if left entirely to

itself, it is nearly certain to relapse, after a variable period, however advanced the healing process may have previously been." Whatever agent is used in cauterization very little pain is produced. As the ulceration progresses towards a cure, it becomes more sensitive, and on this account patients are apt to fear that their condition is not improved by treatment, as the pain from cauterization becomes greater. The agents which are used for cauterization of the cervix, are principally the nitrate of silver, the mineral acids, particularly the acid nitrate of mercury, potassa fusa, and the potassa cum calce, and the actual cautery. The nitrate of silver is now generally employed, and more frequently applicable than all the others. It produces on the ulcerated surface a thin eschar, which ordinarily falls off about the fourth day. The surface is at first left red, irritable, and bleeding, but on the next day the irritability and tendency to bleed disappear. The application should be repeated on the fifth or sixth day, a sufficient number of times until cicatrization be effected, which will generally take place in a few weeks, if the ulceration is small and recent. But where the ulceration is covered with fungous, livid granulations, more powerful caustics are required to modify the vitality of the diseased surface, so as to produce cicatrization. For this purpose, the acid nitrate of mercury is preferred by a majority of the French pathologists, and also by Dr. Bennet. It produces a white eschar, which generally falls piecemeal about the sixth day, and its beneficial effect is fully obtained about the eighth day. Dr. Bennet advises, and we believe the advice to be good, that a fortnight should be allowed to elapse between two cauterizations, the nitrate of silver being used in the interim. Great care should be used in its application; indeed, we think, no one ought to attempt it, who is not accustomed to instrumental examinations and familiar with uterine disease. We are tempted to quote in full Dr. Bennet's method of using it, but all who propose to use it should have his work. We are certain, from experience, that it can be used with perfect safety, and with very great benefit, but in three instances, we have seen very unpleasant effects in the practice of others, from its injudicious application. Great attention is requisite in order to circumscribe its action to the part desired. In some cases, in order to effect a radical cure, it is necessary to resort to still more powerful agents—the hypertrophy still remains, and the ulceration imperfectly cicatrizes. The agents in use for this purpose are the potassa cum calce, the potassa fusa, and the actual cautery. Dr. Bennet gives the preference to cylinders of potassa cum calce, which

he has prepared similar to those of nitrate of silver. He makes use of cylinders of three different sizes, the middle size is that of the nitrate of silver cylinder, the largest is about twice as large, and the smallest considerably smaller. The eschar produced is of a grayish black color, which gradually melts away, leaving a healthy, granulating surface. The depth of the eschar is proportioned to the extent in which the tissues have been destroyed. Its separation is frequently attended with hemorrhage about the fifth day, but this is easily controlled by cold, astringent, vaginal injections. The actual cautery produces the same results as those furnished by potassa and its combinations with lime. Dr. Bennet believes that the effects of the two methods are identical. We have never made use of the potassa in any form. We prefer the actual cautery, because it is infinitely more convenient. We have resorted to it in many cases, and have yet to discover a single objection to its use. We have had no difficulty in overcoming the dread of its application, by informing our patients that it is attended with no pain. In our experience its application has been dreaded less than the first instrumental examination, neither have we ever seen the slightest unpleasant consequence result from its use. Dr. Bennet having made use of both means, prefers the potassa, but solely on the ground that it excites less alarm in the minds of patients.

After the ulceration has been perfectly cured by the above means, hypertrophy and induration often remains, and so far as the feelings of the patient are concerned, there is very little apparent improvement in her symptoms. Generally this condition can be entirely removed by means of injections, hip baths, local depletions, and superficial cauterizations. But if these means fail, we have a resource both prompt and efficacious, in deep cauterization. This should be resorted to, not for the purpose of destroying the hypertrophy and induration, but in order to set up a healthy reparative action in place of a morbid one. The issue or eschar made, should be of small size, in the centre of the hypertrophied region. An artifical ulceration is thus produced, which, unlike the morbid ulcerations of the uterine neck, always has a tendency to heal of itself.

We think the following caution from Dr. Bennet well worth quoting in full:—"It cannot be denied, that cauterization of the cervix, as above described, and especially deep cauterization, is an operation, and like all operations, surrounded with danger. It must not, therefore, be either injudiciously resorted to, or carelessly carried out. Although my own practice has hitherto been free, or all but

free, from serious accidents, the same immunity cannot always be expected. Indeed, I learnt recently from M. Gendrin, that within the last few years he has had several cases of acute metritis, and of abscess in the lateral ligaments, the evident and immediate results of deep cauterization. But he also tells me, that he has seen the same results follow the use of nitrate of silver, and of injections; and I may mention that the two most severe instances of acute metritis that I have myself witnessed for some time, in the unimpregnated womb, occurred after the use of weak, astringent, vaginal injections. It is clear from what precedes, that no surgical interference with the womb, however simple, is absolutely free from some slight risk. No such means of treatment, therefore, should be resorted to unless rendered necessary by the state of the patient, but at the same time we should not shrink from resorting to those remedial agencies which experience teaches us to be the most efficacious. We must bear in mind, that in order to restore to health a person suffering from severe disease, which can only be removed by surgical treatment, generally speaking there is considerable risk and danger to be encountered; whereas, in the surgical treatment of uterine disease, the risk is so slight that it scarcely deserves to be taken into consideration."

The limits of this paper forbid an examination of Dr. Bennet's remarks relative to the treatment of the various symptoms which attend inflammatory disease of the cervix. Our readers will have already inferred that we regard his labors as of very great value. It is perfectly refreshing, in this day of book-making, to find a work which is not a mere gathering together of the fruits of others' labor, but the carefully recorded results of an accurate and conscientious observer. His views are bitterly opposed by many, as is uniformly the case with all that is advanced as new and valuable in science, but we are confident that in the main they will stand the test of future experience. In the Foreign Retrospect of the last number of this Journal, is an extract from a paper read before the Westminster Medical Society by Dr. Tyler Smith, "on the alleged frequency of ulceration of the os and cervix uteri," and speculum practice, on which we had designed to make some comments in the course of this article. But we have since met with a reply from Dr. Bennet, which leaves little to be said. We will only say of Dr. Smith's paper, that it strikes us as excessively absurd, that a man who has gravely proposed and attempted the catheterism of the fallopian tubes as a cure for sterility, should denounce the speculum as derogatory to the dignity and respectability of the profession.

The work of M. Favrot is a mere compilation of what has been already known of some affections of the genital organs of females. A careful perusal has not left the impression that his labors have added to the knowledge of the profession, either as to the pathology or the treatment of this class of diseases. The effort certainly exhibits a creditable ambition, and his task is respectably accomplished. It is dedicated to "à mon père," "his first master," who, we think, may be more gratified with the token of his filial affection, than the proof of his pupil's talents. On the whole, as regards both of the French works, they would do little towards gratifying a translator's ambition of authorship, to have his name joined to their Anglicised title, as it would hardly be worth the while for a *poor* physician to purchase them, and a good one does not need them.

B. F. B.

BIBLIOGRAPHICAL NOTICES.

ART. XII. *Ship Fever, so called; its History, Nature, and best Treatment.* The Fiske fund Prize Dissertation for 1849. By HENRY GRAFTON CLARK, M. D., Member of the Boston Society for Medical Improvement. Boston: Ticknor, Reed & Fields. 1850. 8vo. pp. 48.

Report of the Committee of Internal Health on the Cholera in Boston, Together with a Report of the City Physician of the Cholera Hospital. Boston: 1849. 8vo. pp. 182.

BOTH of the above works are from the pen of Dr. Clark, and contain some of the observations made in, as well as the results deduced from, Hospital practice. The essay on Ship Fever obtained the prize offered by the Rhode Island Medical Society, for 1849, who have in trust the Fiske prize fund; it is printed by order of the Society, and is the result of Dr. Clark's observations made at Deer Island Hospital, Boston harbor; a hospital devoted to the reception of emigrants, and containing about three hundred beds.

Our author commences his essay by declaring that the disease which recently prevailed to so great an extent "on board emigrant ships, in the quarantine hospitals, and among emigrants newly arrived from

Europe, is interesting and peculiar. It is very clearly different from any fever which has hitherto been known in this country." Again, a little farther on, he states:

It is in the opinion of the writer, under the various titles of Jail, Hospital or Camp Fever,* Putrid Malignant Fever,† Putrid Continual Fever,‡ Petechial Fever,‖ Febris Cancerum,§ Maculated Typhus, and English or Irish Typhus, the identical disease known recently and popularly, under the name of the SHIP FEVER.

He asserts, in broad terms, the non-identity of typhoid and typhus fever, and enters into a somewhat elaborate argument to show their characteristic differences. The following is his enumeration of the "leading points in which the typhoid and typhus fevers differ from each other."

Typhoid fever is slow and insidious in its attack; often of unknown origin; only contagious in a modified degree, and under certain circumstances; not infectious; there is generally diarrhœa, and often hemorrhage from the bowels; epistaxis; its diagnostic *tâche*, consisting of a sparsely scattered pink eruption, is chiefly confined to the abdomen and lower part of the chest, and *disappears* on pressure. The duration of the disease is from two to twelve weeks; the average being about three weeks. An ulceration or inflammation of Peyer's glands is *always found* on post-mortem examination. It attacks subjects in *all conditions* of life, and is *not* prevented by any attention to cleanliness and ventilation.

Typhus fever, on the other hand, is of sudden and violent access, often seizing the patient *instantly* upon his exposure to the exciting cause; it originates from well known causes; is confined to those exposed to contagion from the sick, or from exposure in a bad atmosphere, and filthy and badly situated tenements, crowded with animal exhalations;—it is infectious;—and in a majority of cases is unaccompanied with diarrhœa.¶ The eruption is very abundant, often being sprinkled over the trunk, head, and limbs. It is of dirty red color, does not disappear on pressure, and frequently, as the disease progresses, becomes of a dark brown, which sometimes remains even after death. The eyes are dull and suffused. The duration of the fever is about fourteen days. There is *no* inflammation of Peyer's or Brunmer's glands; although, at the same time, the whole neighboring intestine is often seriously affected.

Finally, the secondary affections of the absorbent system, and the peculiar ulceration of the large intestines (the cause of a most fatal hemorrhagic diarrhœa), are worthy of especial notice as common sequelæ to Ship Fever. They do not occur in typhoid fever.**

---

* Howard and Pringle. † Huxham. ‡ Dr. MacBride. ‖ Dr. Darwin. § Drs. Cullen and Vaughn.

¶ This applies, of course, only to the acute form of the disease.

** Dr. Gerhard's "Researches on Fever" contains an elaborate argument on this subject.

In fact, the distinctions must be so obvious that the diagnosis of a well marked case ought never to be doubtful.

Again our author reports three cases which he examined post-mortem—which cases are cited as illustrating the truth of the positions he has taken—in each of which no ulceration of Peyer's gland existed. From these cases and the results of his experience he says:

It must then be considered as established, that ulceration of the small intestines does not take place in the acute form of typhus; but that the diarrhœa which happens as a sequel to it, depends upon ulceration, hypertrophy, or inflammation of the ileum, cæcum, or colon. *Peyer's glands are usually unaffected in any form of ship fever.*

It is not our intention to enter into the discussion of this subject on the present occasion, for our space will not admit of it, however much we might feel inclined so to do. There is, it appears to us, in this monograph of Dr. Clark, at least the appearance of haste in his declarations, as may be instanced in the following:

We have remarked that the two diseases have been, and are likely to be, confounded with each other. By whom? Certainly not by those whose experience has shown them *both diseases*, or who have ever interrogated the truthful pages of nature.

Now we will venture the assertion that there are many in the country who have held to the same opinions that our author holds; and who have "interrogated the trutfhul pages of nature," and have from "the adoption of the French method of observation," been forced to believe in their identity. In this city we know this to be the case. And the able Chairman of the Committee on Practical Medicine, appointed by the American Medical Association, for the year 1848, after going over the whole field, and noticing the experience of the physicians of this city, in hospital and private practice, as deduced from bed-side and dead-house examinations, thus sums up the matter: "In view of the facts which have been stated, it seems to the Committee that no reasonable doubt can remain that typhus and typhoid fevers are identical." The following from the same report contains so much of the results of the experience of our physicians, that we cannot refrain from copying it:

The post-mortem examinations made at the New-York Hospitals, during the last year, might be deemed sufficient, apart from all other testimony, to establish the identity of typhus and typhoid fever. In the cases of ship fever, a pure form of typhus, a disease unquestion-

ably originating in every instance from the same poison, follicular disease of the intestines was found after death in some cases, and not in others. Dr. Stone tells us, in the *New-York Annalist*,* that, in four weeks, ending May 12th, 1847, there were admitted into the Bellevue Hospital about four hundred and sixty-six cases, sick of typhus; and he says that "the most constant anatomical lesion which I have found in the examination of about twenty-five of those who have died, is an enlargement and softening of the spleen. Peyer's glands were found more or less diseased in about one-fourth of these cases, and the heart more or less softened in a somewhat larger proportion." The same gentleman, in another communication, published in the *New-York Journal of Medicine*,† relating to the same fever, gives the following among his other conclusions, drawn from observations of the disease in New-York and New England: "That typhus and typhoid fever, so called, are identical." Professor Clark, in illustrating the morbid anatomy of typhus, at a meeting of the New-York Pathalogical Society, Feb. 33, 1848, stated, in reference to a particular hospital case, that "the usual old typhoid lesion affected the intestines with the common appearance of the present epidemic." "This case," he said, "allies the present epidemic with the typhoid fever."‡ At a meeting of the same society, held March 8, 1848, Dr. Swett made the following interesting statement. He said "that fever had occurred at the Bloomingdale Lunatic Asylum, carried thither by an insane emigrant, and fifteen persons had been attacked with it. Nine or ten had come to the hospital, and two had been examined post-mortem. In the first there were no lesions of any kind: in the second, there were ulcerations of the small intestines." "Where the ulcers existed, instead of attacking Peyer's glands in the middle, they attacked the edges, extending two or three feet up the intestine, and then disappearing. Some had cicatrized, and some were cicatrizing. Both cases originating from ship fever in a very cleanly and healthy set of men; so that it seems as if the same poison might communicate to one ulceration, and to the other none." Dr. Swett ingenuously added, "that his belief in the non-identity of the diseases lessened daily, and he could not discriminate between cases presenting intestinal lesions (typhoid), and those which did not (typhus)."‖ Dr. Griscom, one of the physicians of the New-York Hospital, states, that in ten autopsies of patients dying of ship fever in that Institution, in July, August, and September, 1847, six presented follicular disease of the intestines. Peyer's plates were prominent in four, and ulcerated in two. Facts of this kind are so frequently observed in the New-York Hospitals that they have, in a measure, ceased to attract the attention of many physicians once deeply interested in their investigation, in reference to the question of the identity of typhus and typhoid fever.

---

* Vol. i. p. 383, No. for May 15, 1847.
† Vol. x. p. 176, No. for March, 1848. ‡ Annalist, Vol. ii. p. 249.
‖ Annalist, vol. ii. p. 265, No. for April 15, 1848.

The report on Cholera reflects great credit upon all concerned in its production. It contains a very full account of all points of interest connected with the recent epidemic in the city of Boston. It breathes the spirit of the non-contagious character of the disease. The following is a summary of the results of treatment:

Narcotics totally failed of any beneficial effect. Opium in no case, either single or combined, arrested the vomiting or purging, and it was often thought to hasten the fatal termination. *Camphor* always failed except perhaps to relieve the cramps, which it was sometimes thought to do. In two patients, to whom it was exhibited, the whole surface became before death very dark, and the lips actually black. In these cases narcotism was very evident.

Stimulants almost always failed. To some patients brandy and water was freely given. Three of these recovered after a severe secondary fever. Very few were relieved at all, and almost every patient treated in this way had secondary fever. The same may be said of the various preparations of ammonia, of the astringent stimulants, of coffee and of tea. Those who drank freely of strong coffee and tea, and had no other treatment except external heat, died early. *Electricity* failed entirely.

Emetics. The usual emetic dose was ipecac: and capsicum in powder, about forty grains to a drachm each. This was always exhibited in the early cases, and at least with temporary benefit. The pulse, which was often gone, returned at the wrist, and with it, the warmth of surface. How much our omission of this treatment, if any thing, had to do with the greater mortality in later cases, we are unable to say.

Calomel was given alone, in large doses, in a few cases. We could not perceive that it had any effect. It has been said, that if you ever give a Cholera patient a mercurial sore mouth, he will recover. This is undoubtedly true, and is equivalent to saying, that if a patient lives long enough, he will get well.

Quinia, in the form of sulphate, was used in a very few cases. We are not positive that these patients died any sooner than others: none of them recovered. The drug was administered in five, ten, and twenty grain doses.

Tannic acid was frequently used in enemata, in proportions of five or six grains to the ounce of fluid, and almost always with temporary relief of the purging. By the stomach, in doses of two or three grains, it sometimes appeared to check vomiting.

The astringents and aromatics had usually but little effect. *Ginger* was almost always immediately rejected, in whatever form used. *Cinnamon* in tincture fared but little better. The aromatic powder of the United States Dispensary was oftener retained. But upon none of these drugs do we place any reliance.

Ether could be given in large enough doses by inhalation to relieve the cramps; but we are not aware that any patient recovered, who used it to this extent, or that others were benefited by it.

Cathartics were never used until the dangerous period was supposed to have passed. *Elaterium* was suggested by one of the consulting physicians, as possibly having the power to set up a new action. It was administered in one instance, but without any apparent effect.

Venous injection. Several solutions of alkaline salts were injected into the veins, as recommended by Dr. Stevens, of the West Indies, and in one or two cases simple warm water was injected. One patient, the first one upon whom this treatment was tried, after he had become apparently moribund, lived and appeared well for two days; but the secretion of urine never returned, and he died comatose. In one or two other cases there was temporary relief, but death invariably followed shortly after. We were not inclined to make new trials of this mode of treatment after the first six weeks of the epidemic.

External heat was freely applied, by mustard, hot sand, hot bottles, and dry heat from a furnace; but generally after collapse was marked, none of these had any other effect than to annoy and irritate the patients. Those patients who could be induced to remain covered with blankets fared the best; with or without other artificial heat. Those who were restless and threw off the clothing, invariably died. On this account the bed-strap was sometimes used with advantage; and we can but regret, that, notwithstanding the apparent cruelty of confining the limbs of a sick man, it was not oftener applied.

Drinks, of whatever nature, were useless. Those who drank the least, vomited and purged the least. The call was always for cold water. When taken in quantities of more than a teaspoonful, it was speedily rejected. A draught of half a pint was sure to be followed by the ejection of a pint and a half. Those patients to whom drink was steadily refused, neither vomited nor purged freely afterwards, often not at all. They more speedily grew warm, and those who for an hour were kept closely enveloped in blankets, took no medicine, and got no drink, suffered the least, and were the most likely to recover.

Hot baths were painful to the patient, and they generally sank speedily after their use. *Cold sponge baths* were more grateful, and even during collapse they seemed for a short time to revive the patients. Bladders of ice to the head, and the *cold affusion*, were resorted to advantageously, in cases of violent delirium.

The wet sheet (packing, so called) was tried faithfully, but every patient upon whom it was tried, died. Reaction did not take place in any one of them, and we soon ceased to resort to it. Our experience is against the free exhibition of water either within or without.

Bleeding by the lancet and by cups, was several times resorted to. In that stage of the disease before the cramps have gone off, great relief was experienced from the lancet. Later, like other remedies, it was of little avail, though we cannot say that the life of any patient was shortened by it. An absent pulse sometimes re-

turned, during bleeding, and several patients dated their relief from the opening of the vein. Several who were collapsed are among these, and two of the male nurses are examples of its innocuousness, at least. The opening of a vein was never followed by a stream of blood, but sometimes, by kneading and rubbing the limb, a thick, tarry blood was expressed, which was followed after an ounce or two was drawn, by more fluid blood. In such cases the heart which was always beating strongly, lost its excessive action, the pulse returned, the cramps, if they existed, disappeared, and the patient, if inclined to recovery, speedily rallied, and if inclined to die, was relieved of those terrible cramps, which no one can imagine till he has seen them. Of bleeding, in an early stage of the disease, we are inclined to speak quite favorably, though not with so much enthusiasm, as many East Indian surgeons do. The extraction of blood from the nape of the neck by cups was, in a few cases, useful.

Kreosote was used at first in many cases. It sometimes seemed to relieve the vomiting, but of its power to do this we cannot speak so favorably as of the

Wood naptha. In no case, and there were many in which this was administered, did it fail, after the second or third dose, to relieve the vomiting perfectly. It was given in various doses, clear, from twenty minims to a drachm. Even, in cases which ultimately proved fatal, we were perfectly satisfied of the power of this drug to check vomiting speedily.

Much benefit was thought to be derived from the exhibition of *saline medicines.* Stevens's mixture of the chlorate of potash, in solution, with the hydrochlorate and bicarbonate of soda, was the form in which salines were usually given. We used larger doses of the chlorate generally than Stevens recommends, but are not able to say that this was an advantage.

The following is a somewhat lengthy summary of the post-mortem observations recorded. Its intrinsic value induces us to extract it for our readers.

The whole number of recorded autopsies was 33. Of these subjects 12 were males and 21 females. The large majority were adults. The youngest was 8, the oldest 60 years of age. Several of the females presented signs of recent menstruation. One was in the 8th month of pregnancy. In 15 cases, there were marks of previous disease; mostly tubercular deposites, peritoneal adhesions, fibrous tumors of the uterus, &c., &c. In this list, however, are not included such alterations as old pleuratic adhesions and simple ovarian cysts; these lesions being every where so frequently met with. In five cases only, was there any previous disease, in an active condition; viz., two of pulmonary phthisis, one of tubercular pleurisy, one of cirrhosis of the liver, and one of a fibrous tumor of the uterus, which had induced redness and softening of part of the uterine substance.

Rigor mortis was established in every instance. In one case it was slight, and in a few unusually strong; generally, neither deficient nor excessive.

Besides those already mentioned, several other points deserve particular attention.

I. *Blood.* The blood was not so much altered, in its gross appearances, as might have been expected from previous accounts. It has been represented as quite fluid and destitute of coagula. In point of fact the coagulum was, as a general rule, remarkably deficient in quantity or consistency, or both; but, not by any means, universally. In two cases, the coagulum in the heart was unusually abundant, and of firm consistency;—in eight, it was moderate in amount, and of natural firmness; and, in twenty, it was "small," "trifling," or "insignificant" in quantity, and loose, gelatinous, or semifluid. In three cases, only, was it entirely wanting. Coagula, however, often existed in the heart, when they were not to be found in any other part of the body.

The consistency of the fluid part of the blood after death varied considerably. In some cases no remarkable alteration was observed; in some, it was recorded as natural;—and, in two or three, it was unusually thin and fluid. In fifteen cases it was more or less thick and tarry, either throughout the system, or in particular situations. For, what was sufficiently remarkable, the consistency of the blood often varied in different vessels in the same subject. Thus in the case of Sarah Hill, the blood in the left cavities of the heart was thick, but that in the right cavities, thin. So, in the case of Andrew Patterson, the right cavities of the heart contained "fluid blood of natural consistency," but that in the left auricle and pulmonary veins was "dark and thickish." In the case of Mary Ann Maran, the blood in the vessels of the neck was observed to be thinner than that in the heart.

No constant relation was found to exist between the consistency of the coagula, and the length of time the patient had been ill.

It will be noticed, in the case of Catharine Hurley, who died pregnant, that the coagulum in the heart of the fœtus was of moderate consistency, while that of the mother was "very black and soft."

In five cases, there was a dusky red staining of the endo-cardium, or some of the lining membrane of the vessels, owing to the solution of the blood globules, and consequent imbibition of the coloring matter. This took place occasionally, in certain situations, while the remainder of the vascular membrane was free from alteration. Thus the "right cavities of the heart, and the heart, and the veins throughout the chest, were stained of a deep red color;"—while the "left cavities were natural." (Case of Calvin Castleman.) The "lining membrane of the venæ cavæ, and of both right cavities of the heart, was stained of a purplish red; that of the left auricle, quite white and healthy; that of the left ventricle, slightly stained in some parts." (Case of Manus McCarty.) This process had ap-

parently some connection with the consistency of the blood; though not, perhaps, precisely that which we should expect; the staining sometimes being most strongly marked when the blood was thickest. Thus, in the case of Margaret Ince, the "aorta was stained dull red in its thoracic portion, where it contained dark fluid blood. In the lumbar region it contained some dark brownish and slate-colored blood, almost as thick as putty; and at this spot the walls were stained of a corresponding dusky red and slate color. Below this the internal surface was natural."

II. In fourteen cases, *Ecchymoses* were observed in various situations;—mostly on the pericardium and external surface of the heart, or internally, immediately beneath the endocardium:—occasionally in the cellular tissue of the lungs, on the surface of the kidney, and between the lobules of the pancreas.

III. *The Brain* was almost universally natural in color, vascularity, and consistency. In three cases only was there any appreciable softening of the cerebral substance, and in three, some bloody engorgement;—viz., in one case, of the hemispheres generally; in one, of their superficial parts; and in one, of the lining membrane of the ventricles. The effusion of clear or reddish fluid into the arachnoid cavity, among the meshes of the pia-mater, and into the lateral ventricles, was a much more common occurrence. This, however, was moderate in amount:—the fluid in the ventricles varying from a few drops to two drachms. In three cases, only, was the quantity of fluid in the ventricles considerable;—in one, these cavities were said to be "filled" with fluid; in another the quantity was estimated at one ounce.

The most remarkable circumstance noticed in the head, was the presence of a quantity of dark, thick, bloody fluid in the arachnoid cavity, over the posterior part of the convexities of the hemispheres, just sufficient to smear the arachnoid surfaces; the arachnoid itself remaining, at the same time, quite natural. This appearance presented itself in fifteen cases. When first observed, it was so remarkable and unexpected, that it was thought the blood might have escaped accidentally from ruptured vessels, through some carelessness in separating the skull from the dura-mater;—but it occurred so frequently afterward, and always in the same situation, as to leave no doubt that it was a true morbid appearance, and a consequence of the disease. Considering its constant situation at the most dependent parts of the brain, and the fact that the arachnoid membrane itself always retained its natural transparent and polished aspect, this appearance seemed to be, in all probability, rather a post-mortem transudation, owing to the peculiar condition of the blood, than any effusion which had taken place during life. Pains were taken to determine this point in the case of Margaret Flarnegan. This patient lay upon her back until the moment of death. The body was then immediately turned upon its left side, and kept in that position, till the autopsy, sixteen hours afterward. In almost every other case, the exudation was similar on the two sides of the brain. In this, it

was "trifling, light-colored, and thin" to the right of the longitudinal sinus, but on the left side "copious, dark-colored, and thick." In one case, however (Ellen Dorety), beside the above effusion, there was a thin plate of red *coagulum* on the superior surface of the cerebellum, which had taken the form of the cavity into which it was effused. This effusion, apparently, must have taken place during life, and at an early period of the disease; since the coagulum was considerably firmer than in any other part of the body.

Nothing was observed in any instance like the "sticky varnish" described (by Tardieu) as coating the surfaces of the arachnoid.

IV. *The spinal cord* was examined in two cases. In the first, that of Ellen McCann, who died in the choleric stage, it was absolutely natural in every respect. In the other, John McCarthy, who died in the febrile stage, it was decidedly softened in the cervical portion, and a little, also, in the dorsal, with some bloody œdema of the adjacent cellular tissue. These were the only alterations observed.

V. *Congestion.*—Though congestion of the heart and lungs may very possibly exist during the early stages of the disease, yet it was not generally found to any great extent after death. In a majority of cases the lungs were natural in appearance, except for that moderate degree of engorgement of the dependent parts, which we are not surprised to see in any subject. In three cases there were marks of unnatural congestion. In six, the lungs are spoken of as "deficient in fluids," "dryish," "much collapsed," and "shrivelled." In one case, there was general emphysema; in two, ecchymoses; and in one, John McCarthy, who had secondary fever, pneumonia.

The right cavities of the heart contained a moderate quantity of blood in fifteen cases; and in thirteen, they were "full." They were absolutely distended in only three; but these were not the same three cases in which the lungs were congested. In two cases, the quantity of blood in the heart was deficient.

The left ventricle of the heart was firm and thoroughly contracted in nine cases. It was more or less deficient in firmness in thirteen; and in ten it was completely flaccid. In one case its condition was only remarked as "natural."

VI. *Contents of the alimentary canal.*—These varied greatly in quantity, color, and consistency. They were thick, thin, gruelly, gray, yellow, yellowish white, pink, reddish, or puriform. They were sometimes like soap and water; sometimes thickish, and dull red in color, as if "mixed with red paint." Sometimes they presented the appearance of true "rice water;" i. e., a thin, whitish, opaline fluid, which deposited a quantity of very fine white flocculi, looking, when collected at the bottom, like a layer of pure pus. Almost always the contents of the stomach, and the small and large intestines, differed from each other in color, consistency, or both. Thus, in the case of Ellen Dorety, they were "reddish" in the small intestines, "gray" in the large. In the case of Michael Desmond, the small intestines contained a "thin, dingy, light-colored

fluid, with flocculi of a wood-brown color." The frequent occurrence of the coloring matter of bile has already been noticed. On several occasions, the ordinary re-agents showed the presence of albumen in the fluid part of the intestinal contents, in considerable or moderate quantity. Examined by the microscope, the flocculi, suspended in the rice-water fluid, invariably consisted of columnar epithelium, floating about in larger or smaller masses, or as detached cells. These epithelium-cells were so abundant and well defined, as to leave no doubt that they constituted nineteen-twentieths of the mass of the flocculi. This extensive exfoliation of epithelium, in Cholera, has been pretty thoroughly investigated by Dr. Ludwig Boehm, who considers it as one of the most characteristic phenomena of the disease. Dr. W. T. Gairdner, of Edinburgh, however, takes a different view of the matter. He considers the exfoliation as entirely a post-mortem occurrence, owing to the maceration of the intestinal mucous membrane by the contained fluid. He states that the Cholera stools, passed during life, contain almost no perfect epithelium: and, also, that ordinary maceration will produce upon healthy mucous membrane a separation of epithelium, entirely similar to that which is found to have taken place in the intestines of Cholera patients. If maceration, however, is the only cause of the separation of such an enormous quantity of epithelium, how shall we explain its occurrence in other situations, where no unusual amount of fluid has existed? The mucous surfaces of the vagina, and of the urinary bladder, are invariably smeared with a thick, whitish, pasty, or creamy secretion, which, on microscopic examination, is seen to consist entirely of detached epithelium-cells, mostly perfect in shape, and generally distinctly nucleated. But *these* passages have not been subject to maceration. The urinary bladder, indeed, is completely empty, and, from the first moment of disease, has been deprived of the fluid which it contained in health. We have sometimes seen, mixed with the columnar epithelium, "small roundish bodies, like the nuclei of destroyed or unformed epithelium-cells." Since the violent purging, in Cholera, very commonly ceases during the last hours of life, we can easily understand why the epithelium-cells, thrown off after that period, should remain uninjured. The bowels are then comparatively quiet, and they are not so much exposed to the causes of injury as those which were evacuated in the earlier stages of the disease.

Beside the intestinal secretions, remains of food, undigested or indigestible, were not unfrequently found in various parts of the alimentary canal. In several instances, there were cherry-stones in the intestines; in one case, as many as thirteen. Bits of wood, small seeds, potatoe, bits of egg shell, &c., were among the articles found. In one case there was, both in the stomach and colon, a considerable quantity of fish-bones, of irregular, angular shapes, sharp-pointed and jagged; some of them between 1½ and 2 inches long. In one case there were several lumbrici in the small intestine, and in one, the cæcum contained about twenty *trichocephali dispares*.

VII. *The internal surface of the stomach and intestines* was almost universally pale, or natural in color. Its usual appearance was that of general paleness, with "slight" or "moderate" redness in some parts. It was very common to find the small intestines generally pale, stained yellow at their upper extremity, and moderately reddened toward the lower part of the ileum. In no instance was the redness general. The intestinal villi were almost always unusually distinct, appearing tumefied, and whitish opaque in color. The spots of redness were not unfrequently produced, as in the case of Margaret Harnegan, by scarlet coloration of the villi, while the rest of the mucous membrane retained its natural paleness. This condition was very readily distinguishable on close examination.

VIII. *The kidneys* did not usually present any remarkable alterations in appearance;—the most common being flaccidity of tissue, without noticeable increase or diminution in volume. Besides this, the kidneys were occasionally entirely destitute of their ordinary renal odor, and exhaled from their cut surfaces a very distinct and peculiar smell, resembling that of molasses. This was noticed in only four instances; but as our attention was not directed to this circumstance until a late period in the epidemic, it may have existed more frequently.

It might, perhaps, be expected that we should discover some relation between the condition of the heart, the fluidity of the blood, and the duration of the disease. No such relation, however, existed, as will appear from the following table.

Case.	Left Ventricle.	Coagulum.	Duration of Disease.
No. 1.	Firm.	Abundant and firm.	12 hours.
2.	Flaccid.	Moderate in amount and consistency,	13½ "
3.	Firm.	" " " " "	
*4.	"	Deficient and loose.	
*5.	Deficient.	Moderate.	31½ "
*6.	Flaccid	"	
*7.	"	Deficient.	13¼ "
*8.	Deficient	"	12 "
*9.	"	Entirely absent.	33½ "
10.	"	" "	48 "
11.	Deficient.	Deficient.	15 "
*12.	"	Moderate.	53 "
13.	Firm.	Deficient.	52 "
14.	Deficient.	"	10 "
*15.	Firm.	"	15½ "
16.	"	Abundant and firm.	17½ "
17.	"	Deficient.	17 "
18.	Flaccid.	Moderate.	240 "
19.	*Natural.*	Deficient.	15 "
20.	Deficient.	"	10½ "
21.	Flaccid.	"	150 "
22.	Firm.	"	96 "

Case.	Left Ventricle.	Coagulum.	Duration of Disease.
*23.	Deficient.	Deficient.	42 hours.
24.	Flaccid.	Moderate.	24 "
25.	"	Deficient.	28 "
26.	Deficient.	"	20 "
27.	Firm.	"	12 "
28.	Flaccid.	"	19 "
29.	"	"	18 "
30.	Deficient.	Moderate.	108 "
31.	"	Entirely absent.	12½ "
*32.	"	Deficient.	30½ "
33.	Flaccid.	"	9½ "

The cases marked (*) are those which presented more or less abundant ecchymoses on the heart.

Three of the cases presented peculiar appearances, in consequence of the disease, or its sequelæ, being unusually prolonged, in one, to the tenth day, in another, to the fifth, and, in another, to the seventh.

The first of these patients, John McCarthy, was in the Cholera stage for three days. He then passed into a typhoid condition, with dry tongue and skin, epistaxis, sores upon the lips and teeth, bilious discharges, a dusky paleness of the countenance, and gradually increasing stupor.* Death took place after this condition had lasted for a week. At the autopsy, the whole interior of the body presented, in a marked degree, the appearance of a septic, unhealthy process, which had depressed the vital powers, as if by the influence of a specific poison. This was evident, from the dusky, leaden hue of the peritoneum and air-passages, the pneumonia unaccompanied by active pleurisy, the early generation of gas in the cellular tissue of the mediastinum, and in the blood contained in the heart; and the disagreeable putrefactive odor, and dingy brown color, of the fluid which was effused into the cavity of the chest. The deposit of ammonia-magnesian phosphate, in a crystalline form, is also attributed by Vogel to the development of ammonia by decomposition.

The spleen was enlarged and engorged, presenting an appearance quite different from that usual in Cholera. The appearance of the mucous surface of the small intestines was also most remarkable, as showing the close pathological connection between the secondary stage of Cholera and spontaneous typhoid affections. The patches of Peyer, situated at the *lower* part of the ileum, were inflamed and deeply ulcerated;—two of them showing an abundant deposit of typhus matter, which projected into the intestinal cavity, like loose, granular coagula.

In this instance, the peculiar morbid appearances of Cholera were entirely wanting; but in the second case, that of Andrew Patterson, several remained distinct. He was sick four and a half days with

* He did not have the typhus eruption.

symptoms somewhat mixed, but still decidedly choleric. This patient never fairly passed into the secondary stage. His was in reality a prolonged case of Cholera: and although his skin at one time became warm, and the secretion of urine was re-established, yet he never entirely lost the choleric voice and aspect. In him, the dryness of the pleura, the empty condition of the pericardium, the slimy secretion on the peritoneum, and the moderate enlargement and opacity of Peyer's patches, were all present. This case, however, corresponded with the former, in presenting an abundant secretion of bile, and decided bloody congestion of the lower parts of the alimentary canal.

In the third case, that of J. G. Coolidge, it was not absolutely certain that the patient had had Cholera, though the account given of his condition previous to entrance, made it altogether probable. A few marked signs of the disease existed, however, on entrance; some moderate coolness of the skin being the most prominent symptom. The succeeding affection in this patient was not typhus, but presented in a high degree the characters of delirium tremens;—i. e., a capricious, talkative insanity, in which the patient was often suspicious that some injury was intended him by the bystanders, and frequently referred to transactions in which he had previously been engaged. Beside the serous effusion, &c., in the brain, there were almost no well marked, recent alterations discoverable at the autopsy; dryness of the pleura and deficiency of fluid in the pericardium, being the only appearances referable to Cholera. In this instance, the secondary disease did not appear to be a true sequela of Cholera, but merely an accidental consequence. The delirium tremens followed the attack of Cholera, just as it might have followed an attack of bronchitis, or the fracture of an arm.

It is sufficiently worthy of notice, that decided variations took place during the course of the epidemic, in the frequency of certain post-mortem appearances, as well as of some of the symptoms during life. It will be seen, by a reference to the foregoing table, that, at first the coagula in the heart were not unfrequently moderate in quantity and consistency, and sometimes even remarkably abundant and firm. Afterward, however, they were almost invariably deficient and loose, or even entirely wanting. In the early part of the epidemic, also, spots of ecchymosis on the heart, externally or internally, were an almost constant symptom; at a later period this appearance was rarely met with. In the above table, those cases which presented ecchymoses on the heart have been marked with an asterisk, in order to show their great preponderance in the early periods.

ART. XIII.—*On the Use and Abuse of Alcoholic Liquors, in Health and Disease.* Prize Essay. By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., author of "Principles of Physiology," etc., etc. Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 204.

THIS essay, we learn from the advertisement, received the prize of one hundred guineas, offered for the best answers to the following questions:

1st. What are the effects, corporeal and mental, of Alcoholic Liquors on the healthy human system?

2d. Does physiology or experience teach us that Alcoholic Liquors should form part of the ordinary sustenance of Man, particularly under circumstances of exposure to severe labor or to extremes of temperature? Or, on the other hand, is there reason for believing that such use of them is not sanctioned by the principles of science, or the results of practical observation?

3d. Are there any special modifications of the bodily or mental condition of Man, short of actual disease, in which the occasional or habitual use of Alcoholic Liquors may be necessary or beneficial?

4th. Is the employment of Alcoholic Liquors necessary in the practice of Medicine? If so, in what diseases, or in what forms and stages of disease, is the use of them necessary or beneficial?

The adjudicators selected by the donor were Drs. Forbes, Roupell, and Guy—men whose reputation constitutes a sufficient guarantee for the equitable discharge of their duties. The competition for this prize—fifteen MS. essays were presented—it appears was considerable, thus offering an opportunity for a selection alike honorable to those concerned in its development, and the cause which it was their desire to subserve. The questions propounded, it will be seen, were carefully drawn up—their obvious intention being to cover the whole ground concerned in the employment, etc., of Alcoholic Liquors.

Dr. Carpenter, as we should have inferred, had we known that his pen was engaged on this subject, has written a philosophic plea in behalf of *Total Abstinence;* one which cannot fail to impress on the mind of all its readers, the unerring conviction of its truth. The following are the conclusions which it has been his aim to establish, and which may be legitimately deduced from the facts and argument he has brought forward:

In the *first* place. That, from a scientific examination of the *modus operandi* of Alcohol upon the human body, when taken in a *poisonous* dose, or to such an extent as to produce intoxication, we

may fairly draw inferences with regard to the specific effects which it is likely to produce, when repeatedly taken in excess, but not to an immediately fatal amount.

Secondly. That the consequence of the *excessive* use of Alcoholic liquors, as proved by the experience of the medical profession, and universally admitted by medical writers, being precisely such as the study of its effects in poisonous and immediately fatal doses would lead us to anticipate, we are further justified in expecting that the habitual use of smaller quantities of these liquors, if sufficiently prolonged, will ultimately be attended, in a large proportion of cases, with consequences prejudicial to the human system,—the morbid actions thus engendered being likely rather to be chronic, than acute, in their character.

Thirdly. That as such morbid actions are actually found to be among the most common disorders of persons advanced in life, who have been in the habit of taking a "moderate" allowance of Alcoholic liquors, there is very strong ground for regarding them as in great degree dependent upon the asserted cause; although the long postponement of their effects may render it impossible to *demonstrate* the existence of such a connection.

Fourthly. That the preceding conclusion is fully borne out by the proved results of the "moderate" use of Alcoholic liquors, in producing a marked liability to the acute forms of similar diseases in hot climates, where their action is accelerated by other conditions; and also by the analogous facts now universally admitted, in regard to the remotely injurious effects of slight excess in diet, imperfect aeration of the blood, insufficient repose, and other like violations of the laws of health, when habitually practised through a long period of time.

Fifthly. That the capacity of the healthy human system to sustain as much bodily or mental labor as it can be legitimately called upon to perform, and its power of resisting the extremes of heat and cold, as well as other depressing agencies, are not augmented by the use of Alcoholic liquors; but that, on the other hand, their use, under such circumstances, tends positively to the impairment of that capacity.

Sixthly. That, where there is a deficiency of power, on the part of the system, to carry on its normal actions with the energy and regularity which constitute health, such power can rarely be imparted by the habitual use of Alcoholic liquors; its deficiency being generally consequent upon some habitual departure from the laws of health, for which the use of Alcoholic liquors cannot compensate; and the employment of such liquors, although with the temporary effect of palliating the disorder, having not merely a remotely injurious effect *per se*, but also tending to mask the action of other morbific causes, by rendering the system more tolerant of them.

Seventhly. That, consequently, it is the duty of the medical practitioner to discourage as much as possible the *habitual* use of Alcoholic liquors, in however "moderate" a quantity, by all persons in

ordinary health; and to seek to remedy those slight departures from health which result from the "wear and tear" of active life by the means which shall most directly remove or antagonize their causes, instead of by such as simply palliate their effects.

Eighthly. That, whilst the habitual use of Alcoholic liquors, even in the most "moderate" amount, is likely (except in a few rare instances) to be rather injurious than beneficial, great benefit may be derived, in the treatment of disease, from the *medicinal* use of Alcohol in appropriate cases; but that the same care should be employed in the discriminating selection of those cases, as would be taken by the conscientious practitioner in regard to the administration of any other powerful remedy which is poisonous in large doses.

ART. XIV.—*Essays on the Puerperal Fever, and other Diseases peculiar to Women.* Selected from the Writings of British Authors previous to the close of the eighteenth century. Edited by FLEETWOOD CHURCHILL, M. D., M. R., I. A., Honorable Fellow of the College of Physicians of Ireland, etc., etc. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 464.

THIS volume was prepared by request of the Council of the Sydenham Society, and is a very valuable present to the obstetric literature ofthe present times. It contains a very classic historical sketch, by the editor, of the different epidemics of puerperal fever from the most authentic records of ancient, down to modern times, which will compensate one for the time spent in a careful perusal of it. This paper of Dr. Churchill does not consist in a simple enumeration of the different epidemics that have occurred, but contains a short yet succinct abstract of the practical deductions of the several authors who have written upon this subject. This paper is the first in the volume. Following it we have, "An Essay on the Puerperal Fever, by Dr. Denman, published in London, 1768;" "A Treatise on the same, by Dr. Hulme, published in 1772;" "The chapter on Puerperal Fever, extracted from Mr. Chas. White's Treatise on the 'Management of Pregnant and Lying-in Women;'" "A Treatise on Child-bed Fevers, and the methods of preventing them, &c., by Dr. Chas. Kirkland, published in 1774;" "An account of Puerperal Fevers as they appeared in Derbyshire, &c., by Dr. Wm. Butter, published in 1775;" "Observations on the Puerperal Fever, more especially as it has of late occurred in the Lying-in Hospital of Dublin, by Dr. Joseph Clark, from the Edinburgh Medical Com-

mentaries, 1790;" "Practical Essays on the Management of Pregnancy and Labor, and on the Inflammatory and Febrile Diseases of Lying-in Women, by Dr. Joseph Clark, published 1793;" and "A Treatise on the Puerperal Fever of Aberdeen, by Dr. Alex. Gordon, published 1795."

The foregoing comprises the papers of Part First in this volume. Part Second is composed of miscellaneous essays on the following subjects: "Of the Management proper to Cessation of the Menses, by Dr. Fothergill;" "An account of two extraordinary cases after delivery, by Dr. David Macbride;" "On the Cauliflower Excrescence from the Os Uteri, by Dr. John Clark;" "Two cases of Tumor of the Uterus, by the same, and an account of an Excrescence from the Womb, attended with uncommon circumstances, by Dr. Thos. Denman."

To many of the foregoing papers Dr. Churchill has prefaced a short account of the life and writings of the authors, many of whom were medical luminaries of their times, whose writings should be familiar to all.

The following extracts, which embrace a summary of Dr. Churchill's views of the etiology and pathology of puerperal fever, we have thought best to present our readers. They are taken from near the close of his historical sketch.

1. I would remark, then, in the first place, that there appears some special connection between the epidemics of puerperal fever and lying-in hospitals. I do not mean exactly to assert that these epidemics always originate with and are kept up by the hospitals; but I refer to the fact that we have no record of any epidemic independent of them in early times. The first in France, England, and Ireland, occurred in the Hôtel-Dieu of the former, and the lying-in hospitals of the latter countries; and although our earlier writers allude to inflammation of the womb, &c., occurring in child-bed, they make no mention of its prevailing extensively, or as an epidemic.*

No doubt, it has since then been observed in private practice in London, Edinburgh, Sunderland, Leeds, &c , &c., but its extent in these cases is, after all, comparatively limited, except in very sickly times, and it is often confined chiefly to the practice of a few individuals. In Dublin, the higher ranks have been singularly free from attacks of the disease. Dr. Joseph Clarke, whose valuable account of puerperal fever as it appeared in the hospital is here reprinted, practised for forty-four years in this city, during which time he attended 3,847 cases of midwifery, and yet in that number he met only three cases of acute peritonitis, and three others whose

* See Copland's Dictionary, Part III., p. 508.

disease appears doubtful, but which might possibly have been uterine phlebitis.* And this singular fact, which is to me inexplicable, is confirmed by the experience of Drs. Collins, Johnson, and others, as they have assured me.

2. Perhaps the most universal fact connected with puerperal fever is the presence of local disease. In almost all cases of the epidemic, where an opportunity of ascertaining has been allowed, local lesions of some kind or other have been found, and even when this opportunity was denied, but little doubt existed in the minds of the practitioner that such existed. It seems very probable that, in many cases where the local disease seemed but slight, there would *now* be found very serious and important morbid changes; for we know that a patient may die of inflammation of the uterine veins or lymphatics, with very obscure symptoms, and without either an enlargement or very obvious tenderness of the uterus, and that these morbid lesions may be overlooked, if the examination be hasty and superficial.

It is only fair to state that Dr. Copland, in an excellent article on Puerperal Fever, differs from this view. He states that his experience has "convinced him that a most rapidly fatal and most malignant form of puerperal fever is occasionally developed in lying-in hospitals, which is certainly not characterized by uterine phlebitis, nor by purulent collections in the uterus or its appendages, nor even in some cases by peritonitis, the chief lesions often being merely a remarkable alteration of the blood, general lacerability of the tissues or loss of their vital cohesion soon after death, with a dirty, muddy, offensive, and sometimes a scanty, effusion into the serous cavities." He adds, however, that such cases are rare.

The local affections in puerperal fever embrace all the results of inflammation, and involve all the tissues of the organs of gestation, either separately or together. Perhaps the most frequent is peritonitis, originating, very probably, in the outer covering of the uterus, but spreading to the entire serous cavity. We find, also, inflammation of the muscular tissue of the uterus, with its consequences, abscess, softening, and gangrene; inflammation of the lining membrane, softening, and gangrene; inflammation of the veins and lymphatics, with the secondary affections thence arising, inflammation and purulent deposits in different organs, muscles, and joints; and inflammation of the ovaries, with its results.

The view of Dr. Lee, of London, that puerperal fever is a local inflammatory affection, formerly entertained by Dr. C., is now in a measure abandoned. On this point he says:

I have latterly seen reason to doubt the truth of the view I formerly took,† which was in accordance with that of Dr. Lee, and though I would wish to express myself cautiously and guardedly, I

* Life, Writings, and Practice of the late Dr. Jos. Clarke, by Dr. Collins, p. 42.
† Diseases of Pregnancy and Child-bed, p. 283.

must honestly avow, that whilst I fully admit the existence of local disease, I do think that epidemic puerperal fever is something more than that, although I may not be able to define exactly what it is.

We should be justified in this supposition I think on several grounds. First, the very remarkable variety of opinions as to its nature would go far to prove that it cannot be the simple local disease Dr. Lee believes. For example, by some it is regarded as inflammation of the uterus; by others, inflammation of the omentum and intestines; by a third party, as peritonitis; by a fourth, as erysipelatous inflammation; by a fifth and sixth, as a fever *sui generis*, or with biliary disorder; by a seventh, as a disease of a putrid character, &c., &c. Such different views are hardly reconcilable with the notion of a simple local inflammation.

Then again, look at the prevailing characters of different epidemics, and see how varied they are; in one, the lochia are suppressed; in another they are profuse; in a third, unaltered; diarrhœa is common in one epidemic, constipation in another; typhoid symptoms in one, ordinary fever in another.

And as to the remedies, we find even a greater diversity: one very high authority recommends saline purgatives; another loses all his patients until he bleeds largely at the commencement; another loses those who are so bled. Calomel is the universal remedy in one epidemic, opium in another.

Lastly, let any one compare a case of simple inflammation of the womb or peritoneum, in child-bed, with a case of epidemic puerperal fever, their symptoms, course, and the effect of remedies, and I do not think that a doubt will remain upon his mind that, although the latter is a local disease, it is not exclusively so.

But then comes the question, what more is it than a local disease? We may call it puerperal fever *plus* the local disease, but this answer is neither very precise nor very positive; and before I attempt to give any further answer, there are one or two additional remarks to be made.

3. What is the peculiar effect of uterine phlebitis? Mr. John Hunter thought that phlebitis destroyed life by the extension of inflammation to the heart. Dr. Arnott's researches disproved this, and showed, with subsequent investigations, that it was probably owing to an alteration in the quality of the blood. M. Bouillaud, in 1825, attributed the typhoid symptoms in phlebitis to the mixture of pus with the blood; and he adduces the experiments of Baglivi, Magendie, and Gaspard, as confirming his opinion, they having produced analogous results by the injection of putrid matter into the system. And we have the evidence of Dance, Tonnellé, Duplay, and others, showing that pus has been found in considerable quantities, in the uterine veins. The symptoms which Mr. Guthrie describes as characteristic of irritative phlebitis are very like those of puerperal fever.

Of the connection of puerperal fever with other epidemics, Dr. Churchill thus speaks:

4. Puerperal fever prevails most during the winter or spring months, and in moist and cold weather, or with alternations of cold and warm moist weather. To this effect we have the testimony of Leake, Armstrong, Campbell, Hey, Clarke, &c., &c.

It may be of importance, therefore, to consider what epidemic diseases are concurrent at such seasons with puerperal fever. There are three which appear to be so especially: bowel complaint (or gastro-enteritis), typhus fever, and erysipelas. The evidence in support of this statement is so abundant, that to adduce it would be to quote almost every writer upon the subject, and in the preceding sketch I have incidentally afforded quite sufficient proof. Nay, it would appear from the statements of Dr. Labatt and Dr. Collins, that typhus fever occurring in a patient in a lying-in ward, is capable of originating puerperal fever.

Now, I believe that there is little doubt at present that in fever the composition of the blood is changed,* and that in typhus fever the deterioration has reached its maximum.

From the concurrence of peuerperal fever and erysipelas as an epidemic, it has been asserted by many, and with great probability, that they are essentially the same disease—certainly they prevail during the same atmospheric condition, exhibit often the same general symptoms, and Mr. Nunnelly asserts may reproduce each the other.†

Dr. Hutchinson and others have seen the two diseases in the same patients; and I think there is evidence to show that the infants of women attacked by puerperal fever are very liable to attacks of erysipelas or diffuse inflammation.

Now, one peculiarity of erysipelas, in which Mr. Nunnelly states it resembles puerperal fever, is the disposition to the formation of pus in various parts of the body, and he admits the probable consequent deterioration of the blood. "It is highly probable," he says, "if not certain, that there is some change produced in the state of the blood, which change may depend upon alterations we are unable at present to appreciate, but which it is likely occur in many tissues, and may thus affect the mass of blood more or less quickly, and to a greater or less extent, according to the influence they have upon, and the connection they have with, the blood in a state of health.‡

As bearing upon this question, I shall quote from Dr. Ormerod the following remarks: "Besides the sudden increase, under such circumstances, of the number of patients suffering from fever, there is observed in all epidemics, from the plague of Athens downwards, a tendency of all diseases to assume, as far as may be, the epidemic type. Much, probably, of this is explicable on the supposition of

* Ormerod on Continued Fever, p. 168.
† On Erysipelas, p. 81; Copland's Dictionary of Pract. Med., Part XIII., p. 508.
‡ Ibid, p. 72.

the existence of some atmospheric condition affecting all who cannot resist it in the same way; but however this may be, as far as general impressions, in the absence of notes, will justify the assertion, simultaneous with the occurrence of severe cases of fever in the medical wards, phlebitis and troublesome sores are more commonly met with in the surgical wards of this hospital, and erysipelas of the head and face in both."* Much additional evidence might be adduced, but this is probably sufficient.

5. So far, then, we find that the same seasons give rise to certain diseases (puerperal fever, continued and typhus fever, and erysipelas); that they prevail at the same time epidemically, and as an epidemic, take on the same type, and appear capable either of giving rise to the other or of co-existing. Now, perhaps (to use an arithmetical expression), if we could subtract the local peculiarities of puerperal fever from that which it has in common with the others, we should arrive at the object of our search. Can it be that some change in the composition of the blood is this element? It would appear that in phlebitis, fever, and erysipelas, the altered condition of the blood plays a most important part, and that to it may be owing what we call "typhoid symptoms." Unfortunately, we know but little of the state of the blood in puerperal fever. Most writers speak of it as resembling the blood in other acute inflammations, coagulating firmly with a thick buffy coat. Mr. Moore says: "The writer has seen a black precipitate in the blood of a person laboring under the adynamic form of the disease. Such a deposit is often found in typhus, and in the last stage of infectious erysipelas and phlebitis. Another similarity between the blood in this affection and other diseases of typhoid and malignant character, is the peculiarly offensive odor occasionally arising from it.† I have already quoted its condition, as mentioned by MM. Bidault and Arnould and by Dr. Schoeller. Dr. Scanzoni has recently maintained that special causes of puerperal fever originate in the altered condition of the blood.‡ Dr. Copland also speaks of a remarkable alteration of the blood, but without describing it. I should be very sorry to come to any hasty conclusions on so difficult a subject, but it appears possible at least that the general element which constitutes the difference between epidemic puerperal fever and simple inflammation of the uterus and peritoneum, may be some deterioration of the blood, depending either upon atmospheric malaria from without, or absorption of some noxious matter within the body. Whether further researches may prove this to be true or not, I cannot but agree with Mr. Moore, that "in puerperal fever, as in typhus, cholera, and other epidemic and contagious diseases, which seem properly to belong to the class neuroses, there is, besides that of inflammatory action, another element, unknown, but which has an essential influ-

* Clinical Observations on Continued Fevers, p. 27.
† On Puerperal Fever, p. 185.
‡ Ranking's Abstract, vol. vii., p. 335.

ence upon the intercurrent phlegmasiæ arising in their course, and which may yield at one point only to appear at another."*

On the subject of the contagious character of this fever, various and contradictory opinions exist. These opinions, it is unnecessary for us to remark, involve many points pregnant with important consequences to the patient and physician. Any attempt, therefore, to elucidate in a satisfactory manner the difficulties involved in its consideration should receive attention. On this point Dr. C. says:

As in all cases where a disease is epidemic, it is and must ever be a difficult thing to decide as to the contagiousness of puerperal fever; still I confess that the facts would lead one to the inference that, at least, it is communicable from a woman laboring under it to others in the same ward.

7. This leads to another consideration of great importance to practitioners of midwifery, viz., whether puerperal fever can be conveyed by a third party, in health, from a person laboring under it to another person in child-bed. There are many facts which countenance this supposition undoubtedly. Dr. Gordon has traced a number of his cases to contagion (as he believes), carried from a woman laboring under the disease to another either pregnant or recently delivered.† Dr. Gooch mentions that several instances occurred of puerperal fever attacking the patients of one practitioner, while those of others were exempt. "One instance of this kind was very remarkable: a general practitioner in large midwifery practice lost so many patients from puerperal fever, that he determined to deliver no more for some time, but that his partner should attend in his place. This plan was pursued for one month, during which not a case of the disease occurred in their practice. The elder practitioner being then sufficiently recovered, returned to his practice, but the first patient he attended was attacked by the disease and died."‡ I rather think this proves too much; for if we conclude that the contagion was carried by this gentleman to his patients, we must also admit that the clothes or person may preserve the contagion for a month, and I scarcely think that this would be maintained.

In Sunderland, forty out of fifty-three cases occurred in the practice of one surgeon and his assistant. Mr. Roberton, of Manchester, states, that between the 3d of December, 1830, and 4th of January, 1831, a midwife attended thirty patients of a public charity, sixteen of whom had puerperal fever, and all died. Other midwives, of the same institution, attended 380 women during the same time, and none suffered from it. He also mentions the case of a practitioner who introduced the catheter for a poor woman in puerperal fever late one evening, and attended a lady in her confinement during the

* On Puerperal Fever, p. 126.
† On the Epidemic Puerperal Fever of Aberdeen, p. 63.
‡ On the more Important Diseases of Women, p. 75.

same night, who was attacked with puerperal fever on the second day.*

Dr. Copland, with his usual industry, has adduced many additional facts in the practice of British and American accoucheurs. "Dr. Pierson, of Salem, U. S., admits this to have occurred to himself in several consecutive cases. Dr. Condie, although not previously a believer in the contagious nature of the malady, "has nevertheless become convinced by the facts that have fallen under his notice, that the puerperal fever now prevailing is capable of being conveyed by contagion." Of seven women delivered by Dr. Jackson, in rapid succession, all took the disease, and five died.† Other cases of the same kind occurred, and certainly carry great weight, but we must not forget that puerperal fever was epidemic at the time.

Dr. Peddie and Mr. Beecroft have published some very remarkable cases of a similar nature, which occurred in their own practice, and they conclude that the virus once generated may be communicated from one lying-in patient to another, either directly or through a third person.‡

So far as the weight of opinion goes, it is in favor of contagion, among practitioners of the present day, but I think we are scarcely yet in a position to speak quite positively.

There is another class of cases on record which seem still more free from doubt. For examples, Dr. Gooch states, that a "practitioner opened the body of a woman who had died of puerperal fever, and continued to wear the same clothes. A lady, whom he delivered a few days afterwards, was attacked with and died of the same disease; two more of his lying-in patients, in rapid succession, met with the same fate; struck by the thought that he might have carried the contagion in his clothes, he instantly changed them, and met with no more cases of the kind."§

Dr. Campbell has published a letter to Dr. Lee‖ since his work on Puerperal Fever, in which he states some reasons for believing that a person having been engaged in dissecting puerperal patients may transport the disease to others. In October, 1821, I assisted at the dissection of a woman who died of the disease, after an abortion of the early months; the pelvic viscera, with the external coats, were removed, and I carried them in my pocket to the class-room. The same evening, without changing my clothes, I attended the delivery of a poor woman in the Canongate; she died. Next morning I went with the same clothes to assist some of my pupils who were engaged with a woman in Bridewell, whom I delivered with the forceps; she died; and of many others who were seized with the disease within a few weeks, three others shared the same fate in succession. In June, 1823, I assisted some of my pupils at the dissection of an unmarried female, who died of the disease at Canon Mills, after de-

* Medical Gazette, No. 214, 1831.
† Dictionary of Practical Medicine, Part XIII., p. 506.
‡ Northern Journal of Medicine, Jan., 1846; Lancet, June 24, 1848.
§ Op. cit., p. 4. ‖ Medical Gazette, Dec., 1831.

livery with the forceps. For want of accommodations I was unable to wash my hands with that care which I ought to have done; on arrival home, finding that two patients required assistance, I went to them without further ablution of my hands or changing my clothes, and both of them were seized with the disease and died."

"Post hoc" is not always "propter hoc," however, and we must not forget that puerperal fever was epidemic in Edinburgh in 1821–2.

Dr. Robert Lee and Roberton mention similar cases, and Dr. Copland quotes the evidence of Drs. Ramsbotham, Blundell, King, Mr. Davies, and Dr. Rigby, to the same effect; and to his work I must refer the reader for further details. Dr. Labatt and Dr. Collins are also of the same opinion.

The evidence and proofs thus adduced are of extreme importance, and I fear we must conclude, however reluctantly, in favor, not merely of the contagiousness of puerperal fever, but of the possibility of its contagion being carried by an intermediate party. This makes the practice of midwifery doubly distressing during the prevalence of an epidemic, and ought deeply to impress us with the necessity of the utmost care and caution.

I do not know that I can conclude these remarks better than by quoting one or two of Dr. Copland's suggestions as to the precautions to be observed: A physician or surgeon engaged in obstetric practice, upon the occurrence of puerperal fever in any of his cases, should either explain the matter to her friends, and call in a physician not engaged in this practice, to whose care she ought to be committed; or he should relinquish the care of puerperal females during his attendance on cases of this fever, and even of erysipelas; or he should change all his clothes and carefully wash his hands, after seeing cases of either of these maladies, before proceeding to a puerperal female.

"An obstetric practitioner should not make an autopsy of a case of puerperal fever or of erysipelas, or of peritonitis, or of diffusive inflammation of the cellular tissue, or of the disease occasioned by the necroscopic poison; nor even attend, dress, or visit any of such cases, without immediately afterwards observing the precautions just stated, and allowing two or three days to elapse between such attendance and midwifery engagements or visits to puerperal females."*

* Dictionary of Practical Medicine, Part XIII., p. 510.

ART. XV.—*The Unity of the Human Races proved to be the Doctrine of Scripture, Reason, and Science.* With a Review of the present Position and Theory of Professor Agassiz. By the Rev. THOMAS SMYTH, D. D., Member of the American Association for the Advancement of Science. New-York: Geo. P. Putnam. 1850. 8vo. small, pp. 404.

THE object of the author has been, in the preparation of this volume, "to take a comprehensive survey" of the unity of the human races, "in its relations to Scripture, Reason, and Science." The deep interest surrounding the natural history and origin of man, renders it one of the first subjects of science; and, in the language of Dr. S., "even were the question it involves less remarkable and less important, in regard to the present and future condition of the species, the methods of argument and sources of evidence are such as may well engage and engross every scientific inquirer." There has of late been thrown around the question of the unity of origin, doubts, and the author of this book has made a thorough and scientific attempt to clear up these doubts, and in a logical and Christian-like manner he has proved himself competent to the task he has undertaken. We have only space to subjoin the following extract:

To the clear and certain establishment of the truth involved in this question, *it is, we think, essential, that its twofold character should be borne in mind.* So long as naturalists were agreed that unity of species argued unity of origin, the question might be regarded as single, and one of exclusively scientific character. But since the theory has been introduced and sanctioned by Professor Agassiz, that *the same species* may have been created in many different provinces, and over their whole extent, the question of origin, must be regarded as entirely distinct from the question of specific unity. The former is a question of fact, to be decided by historical evidence. The latter is a question of scientific observation and induction. The question of origin, therefore, can be determined only by the evidence of Scripture, history, tradition, language, religion, and the adaptations of Christianity to the mind and heart of all men. The question of species is to be tested by those criteria which are employed to fix the classification of other animals. Between these questions there need be, and there ought to be, no collision, since the infallible certainty of the *single origin* of the human races, leaves the scientific investigation of their *present* specific character and classification altogether untrammelled, so that it might even be found convenient to regard as distinct species what are now considered as only varieties, and yet leave their unity of origin to be decided by its appropriate evidence.

Both these questions are considered in this volume, and their lines of demarcation pointed out. But as the question of origin involves all that is important and essential in the inspiration of the Bible, and the scheme of redemption, the determination of this point has been chiefly kept in view.

ART. XVI.—*A Practical Treatise on Inflammation of the Uterus and its Appendages, and on Ulceration and Induration of the neck of the Uterus.* By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians, etc., etc. Second American from the second London edition. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 355.

WE are indebted to the publishers, Messrs. L. & B., for a copy of the second and very much enlarged edition of this work—one which cannot fail to meet with a favorable reception from the profession generally. It was our intention to have had the review which is completed in this number, prepared from the American edition, and this would have been the case, had the copy been received by us with that dispatch which has characterized the reception of works generally. The value of the work lies entirely in its practical character, which will claim for it, from those interested in uterine pathology, a careful and attentive consideration.

ART. XVII.—*A Treatise on the Diseases of Infants, founded on recent clinical observations and investigations in Pathological Anatomy, made at the* HOSPICE DES ENFANS-TROUVES: *With a Dissertation on the Viability of the Child.* By C. M. BILLARD, Docteur en Médécine de la Faculté de Paris, etc., etc. Third American from the third French edition. With an Appendix and Remarks on the Diet of Infants in Disease. By JAMES STEWART, M. D., A. M., Fellow of the College of Physicians and Surgeons, and author of a "Practical Treatise on the Diseases of Children." Philadelphia: A. Hart (late Carey and Hart). 1850. 8vo. pp. 622.

THIS is a new edition of the only work in English, on the diseases of children, based upon pathological anatomy. We are pleased to see that it meets with a steady and increasing circulation. It is difficult for us to conceive how a practising physician can, in justice to himself as well as his patients, be without a copy of this valuable work.

Not the least interesting part of this volume, is the somewhat extended appendix by Dr. Stewart, embracing, as it does, much important therapeutical information on the diseases incident to our own country. The remarks of Dr. S. "on the diet of infants in disease," ought to claim from the profession generally more attention—such as may be worthy of the intrinsic importance of the subject.

ART. XVIII.—*The Botanical Text-Book.* An Introduction to Scientific Botany, both structural and systematic. For colleges, schools, and private students. Third edition, re-written and enlarged. Illustrated with twelve hundred engravings on wood. By ASA GRAY, M. D., Fisher Professor of Natural History in Harvard University. New-York: Geo. P. Putnam. 1850. 8vo. pp. 520.

THE deservedly well-known reputation of this work, almost renders it unnecessary for us to speak of its merits at this late day. The great favor with which the former editions were received by all scientific students in botany, attest sufficiently its claims for a compendious treatise on Structural and Physiological Botany, adapted to the ends for which it was designed, and the wants of science. The rapid strides made in the physiological and anatomical departments of scientific botany, are alone equalled by the analogous changes in reference to the animal kingdom. If our reader entertains the least doubt on this point, let him turn to the first chapter in this work, on the Elementary Structure of Plants, or Vegetable Anatomy, and we doubt not he will arise from the perusal of it completely satisfied.

It would be deviating from our accustomed track, were we to enter into a full analytical consideration of works like this, however much we might be inclined to believe, that in so doing, the minds of many of our readers might thereby receive new light upon not a few of the difficult problems of modern physiology. Suffice it to say, that Dr. Gray, in the preparation of this edition, has, in this respect, thoroughly brought it up to the present state of the science, and, if we mistake not, even anticipated it in some particulars—and in so doing added another testimony to those already furnished of his indefatigable and laborious research in the path of original investigations. We heartily commend this work to the student of scientific botany, as *the* one adapted to his wants. Its artistical and typographical execution is good—alike creditable to all concerned in its production.

PART THIRD.

FOREIGN MEDICAL RETROSPECT.

ANATOMY AND PHYSIOLOGY.

Abstract of the fifth series of Professor MATTEUCCI'S *Electro-Physiological Researches.*

PART I.—*Upon Induced Contractions.*—The experiments detailed in Signor Matteucci's former researches, proved that no signs of an electric current are manifested during the contraction of the muscles, and therefore that induced contraction cannot be referred to that agency. The following new researches were instituted with a view to the discovery of the nature of the phenomenon of induced contractions, which is so obscure and at the same time so important.

Observing that the slightest discharges from a jar, inappreciable by the most delicate of our electroscopes, are invariably sufficient to excite violent contractions in a frog, it appeared agreeable to analogy to suppose that the cause of induced contractions might reside in a discharge similar to that of the jar, taking place in the muscle in the act of contracting. If that had been the case, it would no longer have been a matter of surprise that the galvanometer should give no indication during muscular contraction.

Very slight discharges, such as are elicited after a very small jar has been discharged two or three times with a metallic arc, were passed through an insulated galvanoscopic frog, the nerve of which touched the muscle traversed by the discharge.

Thus it is shown, that in spite of the good conductibility of muscle, a part of the discharge escapes to the surface and traverses the nerve of the galvanoscopic frog.

This phenomenon is still more remarkable when the nerve of the galvanoscopic frog is laid out on a metallic surface, through which

the shock is passed. The same phenomenon was manifested when a non-conducting medium, as a layer of turpentine of such a depth that a current from a pile of fifteen couples of plates could not penetrate it, was interposed between the muscular mass and the nerve of the galvanoscopic frog.

The interposition of very fine plates of mica did not prevent, though they diminished, the frequency of the contractions.

By exposing the nervous centres of animals, and placing these in contact with the nerve of the galvanoscopic frog, and exciting muscular contractions and other manifestations of the nervous force, no contractions were excited in the galvanoscopic frog: while on the other hand, contact of the galvanoscopic frogs with the muscles of the same animal when in a state of contraction, induced contraction through their nerves.

Hence it is inferred, *that the phenomena of induced contraction belong exclusively to the muscle in the state of contraction.* But it is impossible to determine by direct experiment whether induced contractions be due to electric discharges produced during the contraction of the muscle.

PART II.—*Upon the phenomena elicited by the passage of the current through the Nerves of a living Animal, or an Animal recently killed, according to the direction of the current.*—The direct electric current transmitted along the course of a nerve exhausts its excitability; the inverse current increases it.

The following experiment illustrates this part of the subject, which has been studied in all its bearings by Signor Matteucci. The frog prepared in the usual way is placed astride between two little glasses in which the reophores of a Faraday's pile of fifteen or twenty elements were immersed. It is evident that one of the limbs is traversed by a direct current, and the other by an inverse current.

In the first place, the two limbs contract both on closing and on opening the circuit, after which there is contraction of the limb traversed by the direct current on closing the circuit; and the other limb contracts on breaking the circuit; finally, only one limb contracts, viz., that of the inverse limb on the cessation of the passage of the current. On keeping the current closed for some minutes, we invariably remark that the inverse limb, which contracts on breaking the circle, is seized with a permanent contraction of a decidedly tonic character. This phenomenon is of importance, as it indicates an intimate connection between nervous influence and the action of the electric current, according to the direction of the latter.

The phenomena manifests itself after the current has been passed for twenty-five or thirty minutes. It occurs equally on passing the current through the nerves without its traversing the muscles; but never when it passes through muscle alone. If while the circle remains closed, and it has been previously ascertained that the tetanic contraction will follow the opening of the circuit, the nerve be divided rapidly at the precise point where it enters the muscle, the limb is thrown into contraction without its remaining in a state of tetanus.

If, instead of this, the nerve be divided higher up near to its issue from the spinal marrow, then the tetanic contraction takes place as usual.

The previous exhibition of narcotics to the extent of narcotism, prevents the tetanic contractions. The passage of the inverse current, the same by which the phenomenon is produced, puts a stop to the tetanic contractions in two or three seconds. If the direct current be passed, it ceases in two or three minutes. The same phenomena occur in warm-blooded animals, only of shorter duration. No electric current is in circulation in the nerves, neither is any electricity rendered latent by the passage of the inverse current. The phenomenon in question belongs to the yet undetermined relation which exists between nervous influence, and the action of the electric current according to the direction of the latter.—*From the Philosophical Transactions.*

PATHOLOGY AND PRACTICAL MEDICINE.

Conclusions respecting Gangrene of the Lung. By Prof. W. Stokes.—[The following conclusions we find appended to a valuable paper by Dr. Stokes, in the last (Feb.) number of the Dublin Quarterly Journal:]

1. That gangrene of the lung is met with under a variety of forms, differing from one another not only in the duration and violence of the symptoms, but also in their relations to various local and constitutional diseases.

2. That in a great proportion of the cases the disease is attended with putrefactive action engaging the necrosed portion of the lung, and affecting its secretions.

3. That in the progress of a case, we may observe the septic action singularly variable. It is increased by over-stimulation of the system.

4. That we cannot explain the symptoms in many cases of this disease, without assuming, either that a spot of mortification, so small as to be undiscoverable by physical means, causes severe symptoms, and is attended with super-secretion; or that a process of putrefactive secretion precedes, in many cases, the death of the lung.

5. That pain of the most extreme kind may attend this disease; and, in the remittent form, appear on each access of the affection with unmitigated violence.

6. That the contact with air is not necessary for the formation of a gangrenous eschar or cavity.

7. That hemoptysis commonly attends each access of the remittent disease.

8. That in the earlier periods of this disease, auscultation and percussion often fail in detecting any signs of organic change; or if such is discovered, it appears incommensurate with the gravity of the symptoms.

9. That in many cases the evidences of congestion and paren-

chymatous infiltration, seem to follow, rather than precede the symptoms of gangrene.

10. That dexiocardia, from diminished volume of the lung, may occur in gangrene of the right lung.

11. That gangrene may attack a lung previously hepatized from ordinary inflammation, or in a chronic tubercular condition.

12. That from the pre-existence of signs and symptoms of the stages of pneumonia, or from the early appearance of signs of excavation, we may be able to distinguish between fetid abscess of the lung and gangrene.

13. That in certain cases of chronic bronchitis the breath and expectoration may become fetid, and yet no gangrene appear to have formed.

14. That the diseases with which gangrene may be found complicated are divisible into general and local affections; but that its occurrence in the class of general diseases, termed putrid or asthenic, is much more rare than might be expected.

15. That it is rarely observed in the typhus fever of this country, even where the secondary bronchial affection is intense; but that in typhoid pneumonia it may be occasionally observed.

16. That it may complicate a previously existing disease of the lung, such as pulmonary tubercle, or an unresolved hepatization.

17. That it may be directly induced by the pressure of a tumor on the nutrient vessels and nerves of the lung, so that in cases of cancerous or aneurismal tumor, the patient may die, not from the extension of the original disease, but from its inducing a rapid mortification of some portion of the lung.

18. That the disease, though always of a formidable character, is not necessarily fatal.

On the Morbid Appearances observed in sixteen cases of Arsenical Poisoning. By Prof. GEOGHEGAN, of the Royal College of Surgeons, Ireland.—The following results have been arrived at from the examination of sixteen fatal cases:

1st. All (with one exception, in which maceration had altered the parts) exhibited signs of irritation in the form either of—*a*, vascular injection, *b*, ecchymoses, or *c*, coloration. The mucous membrane was engaged in fifteen; the submucous coats *also*, in five; the peritoneal in two; and the venous arrangement of the great extremity in one case.

The ramiform vascularity I have only found in the submucous coat, which seems also not subject to any of the other varieties of injection. The punctiform, or closely stellate, is by far the most common variety, occupying extensive tracts of the mucous surface, and either uniformly distributed, or disposed in sinuous lines or scattered patches. The striated vascularity I have met with but in one instance.

2nd. Diffuse redness, although more frequently present, according to my experience, than any other deviation from the natural state,

I have not enumerated under the head of vascular injection, since, without denying its occasional morbid character, I feel disposed to view it as a pseudo-morbid change resulting from the influence of transudation and imbibition on the punctuated vascularity. Accordingly, I have observed the latter to degenerate into diffuse redness by the influence of time and exposure to the action of the stomachic contents. The diffuse redness may exist alone or in combination with other results of irritation.

3rd. Ecchymosis as a consequence of arsenical poisoning has presented itself to my observation under the form of—*a*, well-defined blotches, oval, angular, or circular, and generally small; or *b*, of lengthy streaks, parallel or areolated. Both are formed of a thin stratum of altered, nearly black, and apparently coagulated blood, deposited in the tissue of the mucous membrane. They are scarcely elevated, and (the mucous membrane at the point occupied being much softened) are readily removed by gentle scraping, leaving behind an *erosion* of corresponding figure. A variety of ecchymosis which I venture to designate the *petechial* (seen in five cases) is essentially different from the foregoing. It consists of invariably small and rather florid blotches of fluid blood, thinly scattered for the most part on the summits of the rugæ, and unaccompanied by softening of the membrane. This condition might be confounded by the inexperienced observer with the punctuated injection, from which, however, it is readily distinguished by the lens, which reveals the vessels of the latter.

The ecchymoses just described do not appear to me to result, as might be supposed, from the lodgment of small masses or particles of the poison on the mucous surface, which I have not observed in any instance. On the contrary, I have seen them produced by fluid poisons, as ardent spirits, &c., which can only act by creating a violent determination of blood to the entire surface, and consequent rupture of the weaker vessels. One at least, of these conditions, may moreover exist under circumstances in which the poison could have only reached the affected part by absorption; as in the external application of arsenic, or where the spots involve the endocardial membrane. The only effect which I have observed as strictly traceable to the *local* action of arsenic on the mucous coat, is a fungous thickening (forming an elevated ridge or circular raised patch), with or without the effusion of lymph, and surmounted by adherent arsenic.*

It is possible that the non-occurrence of sloughing of the mucous membrane, from the local contact of arsenic, is due either to its high vitality, or to a partial protection of its surface by these mucous or fibrinous effusions.

4th. Erosion of the lining membrane I have met with in one-

* In one case (fatal in twelve hours) numerous patches of tough, coriaceous fibrine, some of them of large size, were discovered strongly adherent to the mucous surface, which, to a corresponding extent, was intensely vascular and greatly thickened. In another there were two ridges much elevated (formed solely by the lining membrane), and crested with a mixed coating of arsenious acid and mucus.

fourth of the cases examined, and under two forms. 1. The circular. 2. Long narrow sinuous streaks. Both expose the submucous coat. The former, which generally occupies the splenic end, presents a soft undefined non-elevated margin free from red coloration. The margins of the eroded streaks, on the contrary, are sharp. A careful examination of these erosions has impressed me with the belief that they are produced by the removal of the mucous membrane where occupied by the black extravasation. Accordingly, they can be produced by gently scraping the latter; and in one instance (fatal in thirty-six hours) in which I found extensive linear erosion, a portion of the eroded surface was found still coated with the black matter.

I have never encountered true ulceration of the stomach in arsenical poisoning, although I have seen it extremely well defined on the posterior part of the buccal mucous membrane (in a case fatal in four days and a half).

I have not been able to trace *softening* of the mucous tunic to the action of arsenic, not having seen it in cases examined sufficiently early to preclude the possibility of its pseudo-morbid origin. From the great tenuity of the membrane at the splenic end, a very short contact with the contents will suffice to produce considerable softening, particularly when the latter (as often occurs) have a decidedly acid reaction. In such I have witnessed from the latter cause, in arsenical poisoning, another pseudo-morbid change; namely, extensive brownish black staining of the mucous surface of the splenic end, similar to what is occasionally seen from the action of oxalic acid. This arises from the influence of gastric acid (lactic?) on the blood contained in the highly inflamed mucous surface; and a like color is imparted to the contents when bloody. Although softening of the mucous membrane appears not an unequivocal result of the influence of arsenic, to the latter it may be referred.

5th. *Diminished adhesion* of the mucous to the submucous coat. This is best observed at the pyloric third, where traction will often furnish a flake of an inch and a half to two inches in length, being probably three or four times the natural amount.

Having spoken of the mucous and submucous membranes, I have only to state, that in two instances I have observed diffuse red coloration, and in two, capilliform injection of the peritoneal coat, without effusion of fibrine or serum.—*Dublin Med. Press.*

On the Hydrostatic Test in cases of Infanticide. By Dr. Casper.—Dr. Casper states, that the very numerous opportunities he has had of investigating suspicious deaths, enables him to protest against the doubts which have been thrown upon the validity of this test. Of what value is the objection derived from the possibility of *emphysema pulmonum* being present, for who has ever seen a pathological emphysema in a new-born child? So, too, in speaking of the possibility of *artificial inflation*, we forget the nature of the cases which practically come before us. They are examples of solitary and

clandestine delivery; and who is to act the perfidious part of infiltration? Moreover, every one who has tried it for himself must know how difficult it is to fill the lungs of a new-born child with air, and only once in about ten times can it be accomplished to the extent sufficient to alter the indications of the test. The objection derived from the effects of *putrefaction* is more important, but the careful judicial physician will never be decided even here. It results from the author's repeated investigation, that the lungs are among the organs which latest undergo the process of putrefaction; and we may with certainty declare, that if lungs taken from a fresh or only slightly putrefied body swim, they do not do so in consequence of putrefaction. Even when the child and its lungs are in an advanced state of putrefaction, the test may be of value when it furnishes a *negative indication;* e. g. the lungs sinking, even when far advanced in putrefaction, as Dr. Casper has frequently observed them to do. A remarkable case occurred to him, in which the heart of a very putrid child swam, but in which the lungs sank. As to *atelectasis*, it is very rarely met with to a great extent in new-born children; and when it has been said to have been so, this has arisen from the products of inflammation, which, unaided by the microscope, may easily happen, being mistaken for it. The author exhibited to his class the lungs of a child who died when eight days old from pneumonia, and which, throughout, were of the brownish-red color and compact consistence of those of a dead-born child, and even the smallest portions of them sank in water. It is true that we very frequently meet with small isolated patches of atelectasis in the lungs of new-born children, but these should exert no influence in our appreciation of the test.—*Brit. & For. Med. Chir. Rev.—Casper's Wochenschrift*, 1849, No. 47.

[There is no subject connected with medical jurisprudence which has given rise to a greater difference of opinion than the Hydrostatic test in cases of Infanticide. The strongest advocate of it is our own countryman, Dr. John B. Beck (see Beck's Medical Jurisprudence, Chapter on Infanticide, where there is a full description of the subject). By others, numerous objections and doubts have been raised against it. Under these circumstances, the foregoing from an original German authority is important.—Ed. N. Y. Jour. Med.]

Tape Worm and its treatment by Kousso. By Dr. Budd. (From a Clinical Lecture delivered at King's College Hospital.)—We have lately been employing in the hospital a new remedy for tape-worm, the "Kousso." Our stock of it is now exhausted, and it is right that you should know the amount of evidence that our experience has furnished in its favor. The "Kousso," otherwise called "Brayera Anthelmintica," from Dr. Brayer, who first made its virtues known in Europe, is a tree, growing in Abyssinia, which has been classed among the *Rosaceæ*, and which is said to attain the height of an oak, and to bear large bunches of very small flowers, varying from a pale green to a rose color. The flowers, which are the medi-

cinal part of the plant, are used by the natives of Abyssinia as a remedy for tape-worm, which is very common among them. The medicine comes to us as a brownish powder, looking very like jalap, smelling very like scammony, and slightly bitter and somewhat nauseous to the taste. It can, I believe, be procured at present only from a single druggist—M. Boggio, pharmacien, 13 Rue Neuve des Petits Champs, Paris—who charges the enormous price of forty francs, that is, thirty-five shillings, for each dose of it, which weighs four drachms and a half, and is contained in a well stopped bottle.

Some time ago I obtained four doses of it through the kindness of my friend, Dr. de Mussy. I let Dr. Marshall Hall have one of these, and gave the other three to patients who came to the hospital with tape-worm. The medicine having proved successful in each of these three cases, six more doses of it were got from Paris, on account of the hospital. Three of these have been used by myself; the rest by my colleague, Dr. Todd. Nine doses of the medicine have, then, been given by us, and not one of these has failed to kill and expel the worm.

The medicine has been given in the morning, before breakfast, which is the best time for administering all remedies for tape-worm, as the small intestine which the worm inhabits is then more empty than at other times; the worm, consequently, less likely to be sheathed, and protected from the action of the drug, by the other contents of the bowels.

The powder has been infused for ten minutes in three-fourths of a pint of hot water. The infusion has then been stirred, and the whole drunk.

One of the patients, under the care of Dr. Todd, a woman advanced in pregnancy, vomited about half of the dose; but what remained in the stomach destroyed the worm. Two of the other patients had a slight feeling of nausea for ten minutes or a quarter of an hour, after taking the medicine. Another was several times purged by it; another, the woman to whom we first gave it, had headache after taking it, and ascribed to it a diuretic effect. The rest felt no uneasy sensation whatever from the medicine.

In the cases that fell under my own care, I ordered the patients to live sparingly, and to take a seidlitz powder, or a dose of castor-oil, the day before taking the kousso, for the sake of emptying the bowels, and so leaving the worm exposed. This is a precaution which it is well to take before administering any of the remedies for tape-worm. They all act directly on the worm, and to take effect must, of course, be brought in contact with it.

I also ordered the patients to take a seidlitz powder, or a dose of castor-oil, after the kousso, to carry the medicine down to the worm, and to expel the dead or enfeebled worm from the bowels. This expedient, also, is equally applicable to other remedies for tape-worm, and especially to turpentine, which, if it remains long in the stomach, or passes slowly through the bowels, gets absorbed, and irritates the kidneys and bladder, producing stranguary and bloody urine, and

may not reach the worm in quantity sufficient to kill it.—*Dub. Med. Press.*

SURGERY AND SURGICAL PATHOLOGY.

Excision of the first piece of the Sternum.—It would appear that the disarticulation of the first piece of the sternum from the clavicles has never been tried. M. Pecchioli, an Italian surgeon, has lately attempted this operation; and though the patient died, we shall give the various steps as reported by the *Gazette Médicale de Paris.* The man was aged twenty-three, and suffered from scrofulous caries of the bone. The operation was performed as follows:—A vertical incision was made alone the median line with a curved bistoury, and two horizontal ones, each meeting by its centre one of the extremities of the first incision. The two square flaps thus formed, were dissected and turned laterally, by which means the carious bone was laid bare; the operator then cut the lower portion of the latter, by means of a little saw; he then used a curved bistoury, with a narrow blade, and directing it from within outwards divided the second and third sterno-costal cartilage, and cut the first rib partly with the scalpel and partly with the osteotome. The only disarticulation was that of the right clavicle, as the left had long been luxated by the destruction of the ligaments which were bathed in purulent matter. When the upper piece of the sternum was detached from its cartilaginous and osseous connections, M. Pecchioli introduced an elevator under the middle of its inferior extremity. He thus raised the diseased segment, and terminated its extraction by dividing from below upwards, with a common bistoury, the attachment of the sterno-mastoid, sterno-hyoidean, and sterno-thyroidean muscles. The only vessel of importance divided was the right internal mammary artery. At the place of the removed sternum, the periosteum, which had been carefully spared, was seen. It was much thickened, and covered inferiorly, and on the right side a purulent collection, which was evacuated. Through this opening the respiratory movements, those of the heart and great vessels, could be perceived, under the pleura. The excised bone presented signs of caries on some points, and necrosis upon others. The fifth day after the operation the patient died from hæmorrhage, which had occurred three times before, but had been controlled. On a post-mortem examination, an abscess was found between the costal and pulmonary pleura, corresponding to the anterior aspect of the superior lobe of the right lung, containing about five ounces of pus: it was closed on all sides by the folds of the pleura. It seems strange that no search was made for the vessel which furnished the blood; at least nothing is said about the matter in the report.—*Lancet.*

Reduction of long-standing Dislocations. (Surgical Society of Paris, July 10th, 1850.)—M. Forget related the particulars of a case in which the reduction of a dislocation of the shoulder-joint, of three

months' standing, was accomplished by Lisfranc: the patient died suddenly an hour after the operation. The only cause of death which could be discovered was congestion of the brain.

MM. Lenoir and Larrey related instances of injury to the brachial plexus of nerves, from attempts at reducing long-standing dislocations.

M. Hugier stated that a patient to whom chloroform had been administered during the operation of reducing a dislocation of the hip-joint, having died a short time afterwards, from another cause, it was found, at the autopsy, that the dislocation had not been reduced, as was supposed, but that the bone had been fractured.

Some further discussion took place, in which the majority of the members expressed their disapprobation of long-continued attempts to reduce old dislocations. M. Forget expressed himself strongly, on the dangers attending the use of chloroform in such cases.—*Med. Gaz.*

Operation for Calculus Vesicæ during Labor. By M. Monod.—A woman aged 40, pregnant for the first time, had been in labor several hours; the membranes were ruptured, the pains frequent, but the labor did not advance, by reason of a large tumor on the anterior wall of the vagina. The tumor was hard to the touch, and completely filled the entrance to the vagina. From its form, position, &c., it was readily recognized as a vesical calculus. A sound, passed into the bladder with difficulty, confirmed the diagnosis.

M. Monod, finding that the operation of lithotrity was inapplicable, at once proceeded to remove the stone by an incision into the walls of the tumor. A curved bistoury, guided by the forefinger of the left hand, was passed into the vagina, and an incision made into the tumor. The stone was removed by the finger only; it weighed nearly three ounces; its surface was irregular, and its form that of a shallow bowl.

The patient had been previously chloroformized, and, as the state of insensibility continued after the removal of the stone, the forceps were employed to complete the delivery. The child breathed, but died in a few seconds, death being attributed to the pressure of one blade of the forceps on the umbilical cord, which was twisted round the neck.

The patient recovered without an untoward symptom. The urine passed by the urethra on the following day. This M. Monod explained by supposing a swollen condition of the edges of the wound produced by the manipulation necessary for the removal of so large a calculus through an aperture so small as he had made.—*Monthly Journal of Med. Science*, from *L'Union Médicale.*

Successful Amputation at the Hip-Joint. By R. B. Wigstrom, Esq., Lahore.—The patient, aged 18 years, was admitted into the Civil Hospital, at Lahore, on the 1st of November, 1849. The disease requiring the operation commenced, eight years previously, in

the ankle-joint of the right leg. Caries of the bones of the leg, and abscesses, gradually went on, until the knee became involved, and finally the femur.

When Mr. Wigstrom saw him, the limb was greatly emaciated, and fistulous openings, pouring out pus to within a short distance of the hip-joint. The young man seemed suffering much from hectic, but there was no cough or any symptoms showing lung-disease. In consultation with Dr. Stewart, surgeon to the 14th Dragoons, and Dr. Hathaway, civil surgeon, it was considered necessary to remove the limb at the hip-joint, which Mr. Wigstrom did, on the 7th of November. The operation, which was performed under the influence of chloroform, was finished in half a minute; the flaps met beautifully together. The patient has had a good recovery, and is now going about on crutches.

The method used was Liston's—i. e., the anterior and posterior flaps operation. Not more than two ounces of blood were lost.—*Lancet.*

MIDWIFERY AND DISEASES OF FEMALES.

Notices of rare Cases in Midwifery Practice. By C. D. PURDON, M.D., F.R.C.S.I., Belfast.—1. *Hydrometra.*—A young lady, aged 18, of lymphatic temperament, middle size, chest well developed, breasts without any areola, abdomen very large, states that about nine months previously the catamenia ceased, after great mental agitation, and in some weeks she began to have regular attacks of morning sickness, and after a short time perceived her abdomen to be enlarged; from this she went on increasing in size regularly until the ninth month, when she appeared in the last stage of utero-gestation. The os uteri was now quite small and virgin-like, cervix long and thin, the uterus appearing much depressed; she had slight œdema of the feet. At this time she suffered from an attack of enteritis, which yielded to the usual remedies; in some days after, she had a slight bloody discharge from the vagina, which soon ceased of its own accord. She then had regular paroxysms of apparent labor pains for three consecutive nights, being well during the day, when a yellowish-colored serous discharge began to issue from the uterus, and continued for four weeks, the abdomen falling gradually each day, till at length it attained its usual shape and form. In a few weeks she had a regular catamenial discharge. She is now perfectly recovered.

2. *Vicarious Lochial Discharge.*—Attended Mrs. —— of her seventh child. The labor natural, and every thing went on well till the eighth day, when I was informed by the nurse tender that the lochia had entirely ceased, and that there was a reddish-colored discharge from the rectum. Her pulse at this time was only 72, there was no pain on pressure, and she had not the slightest fever. By using appropriate means, the lochia, after forty-eight hours, returned to their usual channel.

3. *Labor without any Pain in the second Stage.*—Mrs. ——, aged 21, was taken ill of her first child, at seven in the morning, and had frequent dilating pains for about three hours; these ceased on the rupture of the membranes, and she appeared to be free from all pain, when she suddenly said that there was something pressing down, and on going to examine, I found the head pressing on the perineum. The head advanced rapidly with each uterine contraction. She lay quite still, with eyes half closed, till the child was expelled, without any sensation of bearing down, or expressing that she felt any pain.—*Dub. Jour. Med. Sci.*

Condition of the Ovaries and Uterus four days after Menstruation. By Dr. Janzer.—Case.—The young girl who was the subject of the observation had menstruated four days before being murdered. She had never been pregnant. The autopsy was made sixteen hours after death. The surface of the left ovary presented a deep red spot, surrounded by finely injected vessels. This spot was formed by a small globular mass, imbedded in the ovary, and of an intense red through its whole thickness. The mass in question was separated from the tissue of the ovary by a thin yellow envelope, and was composed of fibres like those of areolar tissue, arranged in superimposed layers. The yellow envelope was formed by the same kind of fibres, among which there was a pretty considerable quantity of fat, not contained in cells. Near this body, there was seen a small yellow, spherical, modulated mass, composed of areolar tissue and fat. The right ovary contained two yellow bodies. The Fallopian tubes, which did not embrace the ovaries, were tumefied in the upper thirds. On slight pressure, a white matter issued from them, resembling pus, and entirely composed of round epithelial cells, some of which were furnished with vibratile cilia. No ovule, nor any traces of spermatozoa were found.

The uterine mucous membrane, between the body and the neck, was much swollen. In the uterus itself, it formed a velvety membrane, glossy and brilliant, easily detached with the handle of the scalpel, and presenting a fine network of vessels. This mucous membrane was evidently thickened; it was composed of the uterine glands, ranged perpendicularly alongside each other, and fitted with cylinder epithelium, not ciliated. The structure between the uterine glands was composed of a network of delicate fibres, of some nucleated cellular fibres, and of amorphous tissue. The surface of the uterus was covered with a thin layer of mucus, and lined with cylindrical epithelium, without cilia. The orifices of the Fallopian tubes were open. The vaginal mucous membrane was pale, but was only covered with a thin layer of mucus, containing epithelial cells.

It results from this observation that the mucous membrane of the uterus presents during menstruation, characters analogous to those which exist during gestation; such as the hypertrophy of the uterine follicles, and the disappearance of vibratile cilia.—*London Journal of Medicine*, from *Gazette Médicale de Paris*, 23d March, 1850.

OBITUARY.

DEATH OF JOHN GREEN CROSSE. On the 9th of June last at Norwich. The deceased had obtained a well-earned reputation by his numerous and valuable contributions to the advancement of medicine and surgery. These were published principally in the *Transactions* of the Provincial Association, of which institution he had been a president, and was at the time of his decease a vice-president. His principal work is an "Essay on Urinary Diseases," for which he obtained from the Royal College of Surgeons their Jacksonian Prize in 1833. Mr. Crosse was a member of several distinguished societies, both at home and abroad.—*Med. Gaz.*

DEATH OF PROF. JOHN BURNS. On the 18th of June in the wreck of the steamer Orion. Dr. Burns possessed a world-wide reputation. He was alike distinguished for his numerous works and contributions to Surgical and Obstetric science. He was 74, and for a number of years had occupied the chair of Regius Professor of Surgery in the University of Glasgow.

DEATH OF PROF. CONSTATT, recently at Erlangen, aged 43 years. He was Professor in the Faculty of Medicine at Erlangen—an eminent member of the profession, and well known by his contributions to German medical literature.

DEATH OF PROF. M. DE BLAINVILLE. We have to record the death of this eminent Naturalist, who was the successor of Cuvier in the chair of Natural History in Paris. It appears that until within a few days of his death he had enjoyed very good health. The deceased was found dead in a railway carriage, while on a journey from Paris to Caen. He was in his 72d year.

DEATH OF M. MARJOLIN. On the 4th of March last in Paris, in the 70th year of his age. He was one of the oldest and ablest Surgeons in Paris. A large concourse of medical men, students, and deputations from hospitals, etc., followed his remains to the tomb.

PART FOURTH.

EDITORIAL

AND

AMERICAN MEDICAL RETROSPECT.

PRACTICAL VIEWS ON MEDICAL EDUCATION. We have received a small pamphlet, consisting of seven pages, entitled "Practical Views on Medical Education," submitted to the members of the American Medical Association, by the Medical Faculty of Harvard University. We comply with the request to republish it most cheerfully; and in doing so, shall embrace the opportunity offered us for a few remarks on this subject. The following is the paper alluded to:

"The undecided state of public opinion in regard to some of the fundamental points in a course of medical education, including among other things the portion of the term of pupilage proper to be spent in attendance on lectures, is thought, by the undersigned, to justify a further consideration of the subject. In some of its relations, this subject has already been discussed, in the transactions of the American Medical Association for 1849, in two reports, pages 353 and 359, to which the reader is particularly referred. The following condensed, but more general view of the subject of medical education, is now respectfully submitted to the members of the Association.

"1. Medical instruction should be adapted to the power of students to receive and retain what is communicated to them, and should be confined to what is important to them in their subsequent life.

"2. In modern times the constituent branches of medical science are so expanded, that they are not acquired by any physician in a life-time, and still less by a student during his pupilage. The same is true even of many individual branches. It is not, therefore, to be conceded that 'a scheme of scientific instruction should embrace the whole science, and no part should be omitted;' nor that 'a well digested .plan of lectures embraces all that is to be known and taught.' Medical science has at this day become so unwieldy, and contains so much that is unnecessary, at least to beginners, that the attempt to explain to students the whole, is likely to involve the result of their learning but little.

"3. In Chemistry, at the present time, a thorough adept is unknown. No man living knows all the recorded facts, or all that is to be known and taught, in that science. Organic chemistry alone fills large volumes, though yet in its infancy.

"4. In Materia Medica there are some thousands of substances and their compounds, which possess what is called a medicinal power. Yet it is not probable that any physician effectively reads the one-half, or remembers one-quarter, or employs in his yearly practice one-tenth, of the contents of the common dispensatories.

"5. In Pathology, so complicated and various are the conditions attendant on the individual forms of disease, and their relations with idiosyncracy, temporary condition and external agency, with organic lesions and functional disturbances, that few of the most experienced pathologists can be said to understand their whole science, or to be always competent to its successful application.

"6. In Etiology, the theoretical literature of causes has spread itself out to an extent, which is burdensome and unprofitable. It is true, that 'man, from his nature, is subject to suffering, disease and death;'—but it is not equally apparent, that 'the causes by which these conditions are produced, are ascertainable.' We know nothing of the vehicle of cholera or influenza, nor is it probable in the power of any physician, by any art, or application of his knowledge, to produce in a given healthy man, a case of common pneumonia, or of acute rheumatism,—of diabetes or Bright's kidney,—of hypertrophy or of cancer,—or even of a common boil, or wart.

"7. In Therapeutics, many hundred volumes exist, such as would not have existed, could a knowledge of the cure of diseases be made so easily tangible, that it could be spread before the student in the three or five years of his pupilage.

"8. In Anatomy, general and special, microscopic and transcendental;—in Physiology, with its intricate ramifications;—in Surgery, of which several subordinate specialities constitute distinct living professions; it is not to be admitted that the means or time of any ordinary course of lectures, can furnish full and complete instruction. Certainly it must be difficult to arrange a course of lectures on any of the extensive sciences which now constitute medicine, if it be indeed true, that 'the teachers are not justifiable in suppressing any portion.'

"9. It is the business of lecturers in medical schools, to condense and abridge the sciences which they respectively teach, to distinguish their essential and elementary principles, to sift carefully the useful from the superfluous, and to confine the scope of their teachings, as far as possible, to what is true and profitable, and likely to be remembered and used by their hearers. It is unfortunately too true that, 'in an extended system of instruction, there is much that the student will not master, much that will have escaped his attention, much which he ought to know, that he has not learned.' The remedy appears to be, to teach him well what he can and should master, and briefly to point out to him the sources, fortunately abundant, from which he may obtain the rest.

"10. Much injury is done to the cause of true learning by medical assumption, amplification and exaggeration, by premature adoption of novelties, and by tenacity of theories, personal or espoused. Students, in all former years, have expended much time in learning, what it afterwards cost them both time and trouble to unlearn;—in acquiring, not merely the truths of science, but the crude announcements and plausible doctrines of sanguine or ingenious men. How much time has been wasted in some of our distinguished seminaries, in acquiring the visionary, and now neglected, theories of Rush and Broussais!

"11. The most commonly exaggerated branch of medical science is therapeutics. Enlightened physicians well know, that many diseases are incurable, and that others are subject to laws of duration, which cannot be interrupted by art. Yet students sometimes return from medical schools persuaded that their instructors know how to cure a large part of these diseases, and that if others are less fortunate, it is attributable to their own fault.

"12. Medical teachers should keep pace with the progress of their respective sciences. Yet in their haste for the promulgation of novelties, they should not omit to give the proper consideration to the older and more settled principles of science. Medical men are liable to commit the error of adopting premature opinions, unsound practice and inconvenient changes of language and nomenclature, sometimes from a love of display, and sometimes from a want of self-reliance, and a fear of being thought behind the literature of their time.

"13. The length of a course of lectures is not the measure of its value to the student. A course of lectures should not outlast the curiosity of its hearers, nor their average pecuniary ability to attend. Custom in this country has generally fixed the limits of these things at about four months. A comprehensive and judicious course, confined to the enforcing of necessary points, is far more profitable than a more discursive course to a wearied and diminishing audience.

"14. Lectures are chiefly wanted to impress by demonstration the practical branches of science, and they are most effective in places where the facilities for such demonstrations can be commanded. Anatomy requires extensive exhibitions by the teacher, and personal dissections by the student. Chemistry and Materia Medica require

illustrations by specimens and experiments. Pathology needs the aid of autopsies, museums, and the clinical demonstrations of large hospitals. A knowledge of Obstetrics is not perfected without apparatus and practice. Surgery is acquired by witnessing numerous operations, surgical diseases, illustrated explanations, and by personal practice on the dead body. Physical exploration is wholly demonstrative. A knowledge of auscultation can no more be acquired from books, or abstract lectures, than a knowledge of music, or individual physiognomy.

"15. The intermediate period between lectures, should be spent by students in active and original study, approved and confirmed by regular recitations, and by such opportunities as can be commanded, for practical, personal experience. Private schools for small classes, and the private teachings of individuals, who are suitably qualified and situated, are more advantageous for two-thirds of the year, than either the fatiguing jostle of overcrowded rooms, or the listless routine kept up by the survivors of a passive class.

"16. The usefulness of a medical school depends not so much on the length of its session, as upon the amount of education, preliminary and ultimate, which it requires, the fidelity with which it exacts its own professed requisitions, and the train of healthy exertion, active inquiry, and rigid, methodical, self-regulating study, to which it introduces its pupils. The longest lectures are of little use to students who want a common education, and whose medical education does not qualify them afterwards to observe, to inquire and to discriminate. The exacted evidence of three years of well conducted study, is better than the exhibited ticket of a six months' course.

"17. The subjects most important to be well taught in medical schools, are the elementary principles which constitute the framework of medical sciences, and the mode of thought and inquiry which leads to just reasoning upon them. After these, most attention should be given to selecting and enforcing such practical truths, as will most certainly be wanted by the young practitioner in his future career of responsibility.

"18. The things to be avoided by medical teachers, are technicalities which are unintelligible to beginners,—gratuitous assumptions and citations of doubtful authorities,—prolix dissertations on speculative topics,—excessive minuteness in regard to subjects, which are intricate and but little used, and therefore destined to be speedily forgotten. To these may be added controversies, superfluous personal eulogiums and criminations, and self-exaggeration, personal and local.

"Jacob Bigelow, Prof. of Materia Medica and Clinical Medicine. Walter Channing, Prof. of Midwifery and Med. Jurisprudence. John Ware, Prof. of Theory and Practice of Medicine. John B. S. Jackson, Prof. of Pathological Anatomy. Oliver W. Holmes, Prof. of Anatomy and Physiology. Henry J. Bigelow, Prof. of Surgery. E. N. Horsford, Prof. of Chemistry."

Boston, July 10th, 1850.

The foregoing embraces the latest views of the Medical Faculty of Harvard University, who have occupied a prominent position among that class of opposers who have stood out against the declared wishes of a decided majority of the American Medical profession in relation to the extension of the course of lectures. With the first twelve sections we express our approval; not so, however, with the thirteenth and fourteenth; in these lay the gist of the whole matter of opposition. That "the length of a course of lectures is not the measure of its value to the student," no one for a moment, in his senses, will claim. But the interests of science and the cause of sound medical education do not warrant us in believing, that a five months' course of lectures, properly conducted, "outlasts the curiosity of its hearers," or should be incompatible with "their average pecuniary ability to attend." Neither will the fact that "custom in this country has generally fixed the limits of these things at about four months," warrant us in believing that they should be confined to "about four months." We are not yet prepared, from the knowledge we possess, to believe that a "comprehensive and judicious course" of six months would wind up with "a wearied and diminished audience." Again, we believe facts will not warrant the conclusion that "private schools for small clases, and the private teachings of individuals, who are suitably qualified and situated," are more advantageous for two-thirds of the season, with the remaining four months spent in lectures, than six months similarly spent, followed by a six months' judicious and comprehensive course. Private schools, unless an oral course of instruction is pursued in them, can never take the place of, or answer as a substitute for, any part of the time that ought to be spent in a judicious and comprehensive college course. The time may have been, when a four months' course would have sufficed to indoctrinate the medical student into "the elementary principle which constitute the framework of medical science, and the mode of thought and inquiry which leads to just reasoning upon them," together with the "enforcing of such practical truths as will most certainly be wanted by the young practitioner in his future career of responsibility;" that time, however, has passed by—the domains of medical science have been extended—new facts have accumulated—the responsibilities of the teacher have increased with the progress made, until now, he who discharges the duties of a teacher "in a comprehensive and judicious manner," will find not a moment too much time in a six months' course to discharge satisfactorily, and to the best interests of medical science and sound education, the responsible duties of a *professor*.

It has been declared to be the wishes of the profession, that the courses of lectures in the colleges should be extended, and, at the same time, more comprehensive, and for ourselves we see no valid reason for the holding back of nearly all of the colleges. Who is it that calls for this change? We answer, the profession of the United States. To whom is it that the colleges are indebted for students to fill their respective classes? Again we answer, the profession of the United States. Then why not conform to the suggestion or request of the profession in its assembled capacity? Do not the interests of medical education and the honor of the profession demand it? Would it not add much to the intelligence of the rising members of the profession, and at the same time be for the pecuniary advantage of the colleges? We think so, and now for the proof, so far at least as the facts within our reach will show. We will take the statistics furnished by two of the prominent schools in Philadelphia and this city, viz., the Medical Department of the University of Pennsylvania, and the College of Physicians and Surgeons of the State of New-York, who, it is well known, have extended their course of lectures to six months; and the Jefferson Medical College of Philadelphia, and the Medical Department of the University of the city of New-York, who, it is equally well known, have not complied with the recommendation of the Association. From their official publications we learn, that there were in attendance at the University of Pennsylvania during the Sessions of 1846–47, 412; 1847–48, 508; 1848–49, 499. At the Jefferson College, 1846–47, 493; 1847–48, 480; 1848–49, 477. At the University of New-York, 1846–47, 410; 1847–48, 422; 1848–49, 411; and at the College of Physicians and Surgeons, 1846–47, 194; 1847–48, 195; 1848–49, 175.

From the data furnished by the foregoing statistics, it will be seen that the per cent. of increase is in favor of the two schools, which at once carried out the wishes of the Association. Here, then, is the proof that, even in a pecuniary point of view, it would not be injurious to the larger Colleges to fall in with what we have abundant evidence to believe is the wish of the greater mass of the profession. But there is a more ennobling view which we, as independent journalists, feel bound to take of this subject; and that is the present good and future welfare and dignity of our time-honored profession. As before stated, the domains of medical science have been extended—"we live in an age of progress, science is marching onward with gigantic strides"—facts have accumulated, and it is for

the teacher to generalize and explain their bearings. Again, there is another fact still that calls forcibly for the extension of the term of lectures. This is found in the necessarily incomplete character of the courses themselves. Who is there, that has attended lectures even in the most complete schools of medicine in this country, that has not felt the necessity of a more extended course upon the subjects of Physiology, Histology, Clinical Medicine, Medical Jurisprudence, and Medical and Pathological Chemistry. A thorough knowledge of all these branches is important, *even necessary*, in order to make complete the character of the well-educated and accomplished physician; and if we mistake not, the time is not far distant when no *University* in the Union will be understood as being complete without a distinct course of lectures, if not distinct professorships on *all* of these branches. It is the comparative neglect which has been shown to these, and, to a less degree, several other branches, that incites in the hearts of the profession generally the desire to see the course of lectures in the several Colleges of the United States lengthened, and by so doing secure a thorough and systematic education of the future members of our honorable profession, and to accomplish this end we feel ourselves in duty bound to labor.

Adulterated Drugs and Medicines.—It was our intention to have placed before our readers in the present number, an account of the action recently taken by the College of Pharmacy in this city, in reference to the removal of Dr. M. J. Bailey from the post of examiner of drugs and medicines at this port, but the want of space is the apology for not doing so. We are pleased to see that the removal of Dr. B. has called forth the decided indignation of the great mass of the profession throughout the whole country. This is as it ought to be. Human life is of more value than the paltry considerations of party. Dr. Bailey, we know, had shown himself a competent, thorough, and efficient officer, and we hesitate not to say that his removal from the post which he had occupied with so much service to the interests of human life, and the satisfaction of those through whose labor and sacrifice the passage of the law was obtained, was uncalled for from the necessities of the case, and alike an injury to the cause of suffering humanity and an insult to the original movers in the matter, as well as the profession at large. We sincerely hope that the periodical press, as well as the *whole* profession, will not suffer the precedent established in his removal to go unrebuked. We know that in the discharge of his duty Dr. B. was neither

"Whig" nor "Democrat," and we are astonished and even confounded to see that a liberal and enlightened officer of the Cabinet of the Executive of the United States could be found who would bow to party considerations sufficient to cause his removal. It was the earnest desire of all concerned in the origin of the movement that resulted in the law, that it should be placed above party considerations, and there we ardently hope it may yet rest sacred and free from the despoiling touch of party aggrandizements.

MEDICAL PATHOLOGY.

Lesions of the Prostate resulting from Stricture. By Prof. METTAUER, M. D.—Unless seated in the prostatic portion of the urethra, or very near the prostate itself, stricture does not necessarily subject that gland to lesion of structure. In advanced age enlargement of it is so constant, that when stricture occurs in connection with it, we are to regard the coincidence as accidental, and not a necessary concomitant of the stricture unless the gland, or parts in near proximity are its seats. In some of my cases of stricture, with young subjects, involving the prostate, I have found the gland decidedly enlarged, but in most of these examples the organ regained its normal size after the cure of the stricture. Even with the older description of patients, I have found the removal of the stricture, to be followed by very marked reduction in the size of the prostate; going to show that stricture in certain cases tends to the enlargement of the prostate gland. I have never met with a case of enlarged prostate, with the younger description of patients, when the stricture occupied a seat remote from that organ.

The most important lesions of the prostate, referable to the irritation of stricture, are its wasting and dilatation, connected with expansion of the urethra, and abscesses of the gland; and these seem to follow more directly from the expulsive efforts of the bladder, in partial retention of urine, than from the irritation of the stricture. These lesions of the prostate, in greater or less degrees, add to the difficulties in treating stricture for its radical cure.

Lesions of the Ureters and Kidneys resulting from Stricture. By Prof. METTAUER, M. D.—In cases of stricture of long standing, and of grave characters, the ureters and kidneys are often involved. The ureters become dilated, and their walls thickened. The kidneys are occasionally enlarged, and otherwise diseased. Suppuration and gangrene have been met with, as lesions of these organs, in fatal cases of stricture. In a majority of such instances, when retention is not the cause of death, lesions of the kidneys induce it by preventing the elimination of urea from the economy. In some of these examples, the breath exhales a strong urinous odor, which is usually preceded by delirium or paralysis, or both; and the secretion of urine is completely suspended.

Album in uria is occasionally a concomitant lesion of the kidney in stricture also, but it is more frequently the result of seminal weakness, connected with prostatic irritation; and they so impair the constitutional health, as to augment the difficulties greatly, in the treatment of the attendant stricture.

Microscopical Examination of the Discharges in Cholera. By R. S. Holmes, M. D., of St. Louis.—I have examined (microscopically) the discharges from the bowels in six cases of cholera, and have found the cells of cryptogami in a greater or less degree in four of these cases, and *vibriones* very abundantly in one. The theory, I think, amounts to nothing. I have found in flour *every one* of the forms of cryptogami that I have been able to discover in cholera cells; one has a peculiar shape, which I have not seen described. I have had a bottle of flour and water on my table for some months, and I am confident I could show, in the course of a few days, every one of the forms of vegetable growth in it that are seen in cholera discharges, by a Ross one-eight lens; I say in a few days, for these cells vary in the flour, and are sometimes not to be seen; the cell of the mould of flour precisely resembles that of the smallest of the cholera cells, which is not more than the $\frac{1}{1200}$ of an inch in diameter, although the peculiar *cholera cell*, so called, seems to have been limited by the English investigators to a much larger cell, with buds upon it.

I may mention that I discovered distinct crystals, having the exact forms of those of lithic acid, in one case where there was suppression of urine.—*Amer. Jour. Med. Sci.*

Influence of Cholera upon Pregnancy and Menstruation. By Henry G. Clark, M. D.—Several complications ought not to be passed by without notice. We refer to pregnancy and menstruation. One woman, who was brought into the Hospital after suffering two days from cholera, was delivered of a dead child, having the appearance of collapse, and died herself in about twenty-four hours. One woman died pregnant. One other woman miscarried and recovered. A third, who was pregnant and nursing at the time of entrance, retained her fœtus, and the secretion of milk continued till after the stage of collapse had passed. She then had fever, delirium, and recovered. She was treated at first with stimulants, and after the first day with salines. She was intemperate.

Several women menstruated soon after entrance. They all recovered.

MISCELLANEA.

The Accommodation of the Eye to Distances—This is the title of a very neat and exceedingly interesting monograph of near forty octavo pages, in which its author, Dr. Wm. C. Wallace, has shown "that the method by which the eye is adjusted, can be demonstrated (by analogy) as clearly as any other truth in physiology." The substance of this essay has already appeared in Silliman's Journal

for 1835; the London Medical Gazette for 1842; and the Boston Medical and Surgical Journal for 1844. Its republication in its present form and manner, is well calculated to secure for it that attention which the interest of the subject and the character of the performance alike merit and should command.

The Opium Trade.—We have received from its author, Dr. Nathan Allen, a very interesting essay on the opium trade, including a sketch of its history, extent, effects, etc., as carried on in India and China. It is a neat pamphlet of about seventy pages, well worthy the perusal of the statesman, the philanthropist, and the Christian. It breathes the spirit of calm inquiry, and is calculated to do good, while it informs and instructs the general as well as professional reader.

Medical Schools and Lectures in New-York.—Since our last issue several new developments have taken place in respect to schools and lectures. By reference to the advertisement sheet of this number it will be seen that the organization of the New-York Medical College, chartered by our legislature last winter, has been completed, and that, with many flattering prospects and advantages, the faculty announce themselves ready to receive a share of professional favor and patronage.

In the Medical Department of the University of the city, *two* vacancies *at present* exist, viz., the chairs of Theory and Practice, and Surgery. Through the newspaper press doubtless most, if not all of our readers, have already learned the cause of Prof. Mott's resignation. Suffice it to say, that it grew out of Dr. Detmold's appointment to the chair of Theory and Practice, which we noticed in our last number. For ourselves, we were not prepared for the development of affairs that followed Dr. D.'s appointment, and we are inclined to believe that such will be found to be the case with the friends of the school generally. No one can regret more than we do the retirement of Dr. Mott from the Medical Department of the University. The popularity of the school has, to say the least, rested somewhat upon his presence there. How far his retirement will affect the size of the class the coming session it is difficult for us to say. Of this much, however, we feel assured, viz., that any other member of the faculty could, in our opinion, have been spared from the University with less injury to its professional popularity than Prof. Mott, and that it will require a *very* careful movement on the part of the Faculty and Council to fill the chair with the same amount of talent and influence. We say this with the strongest feelings of interest for the future progress and success of our *Alma Mater*, and in answer to the numerous inquiries made to us respecting the results likely to follow Dr. Mott's retirement from the school.

No changes have taken place in the College of Physicians and Surgeons, and judging from present appearances, the prospects of the school were never more flattering than they are the present season. The faculty continue still to comply with the wishes of the American

Medical Association in regard to the adoption and carrying out the five months' course of lectures.

Resignations and New Appointments in Medical Colleges.—Dr. Chapman has resigned the chair of Theory and Practice in the University of Pennsylvania, which he occupied for more than forty years. Prof. Geo. B. Wood, by transfer, succeeds him.

Dr. B. W. Dudley has resigned the chair of Surgery in the Transylvania University, which he occupied for more than twenty-five years.

Dr. Boling has also resigned the chair of Obstetrics in the same institution. He returns to Montgomery, Alabama, to resume practice.

Dr. D. Drake has resigned the chair of Practice in the Medical College of Ohio, and is at this time engaged in the arduous task of collecting the materials for the second volume of his work on the diseases of the interior valley of North America.

Dr. John Bell, of Philadelphia, has been appointed the successor of Dr. Drake. The extensive experience of Dr. B. as a writer and teacher, renders him peculiarly qualified for the position to which he has been appointed. He will, we understand, remove permanently to Cincinnati.

Dr. T. O. Edwards has been appointed professor of Materia Medica in the same institution. It was through Dr. Edwards' zeal and untiring energy, it will be remembered, that the law regulating the importation of drugs, &c., was passed by Congress.

Dr. Landon C. Rives has been appointed to the chair of Obstetrics in the same school.

Dr. Joseph Carson has been appointed the successor of Prof. Wood (transferred) in the chair of Materia Medica in the University of Pennsylvania.

OBITUARY.

Death of Dr. Amos Twitchell. At Keene, N. H., on the 26th of May last, aged 60 years. He was well known as one of the first physicians and surgeons in New England.

Death of Prof. Shotwell. Recently of cholera at Cincinnati. Dr. S. was Professor of Anatomy in the Medical College of Ohio. He was, we learn, an able and talented lecturer, and his loss will be seriously felt and deeply deplored by all who knew him.

Death of Dr. R. E. Griffith. Recently in Philadelphia, aged 53 years. "Dr. Griffith was essentially one of the working-men of the profession. Although in feeble health for some years past, his active mind was constantly engaged in adding to the stores of medical literature. Among the productions of his pen we may mention the Universal Formulary, of which we recently gave a notice, a work on Medical Botany, an American edition of Taylor's Medical Jurisprudence, and Christison's Materia Medica. To his friends his loss will be irreparable, and the void created in the profession, by his death, will be hard to fill."

TO READERS AND CORRESPONDENTS.

With this number is completed the fifteenth volume (fifth of new series) of the New-York Journal of Medicine and the Collateral Sciences. With its close we embrace the opportunity offered of returning thanks to those who have aided us by contributions during the last six months, and congratulate our readers on the pleasing assurance that our course is onward. Two years and a half since we reluctantly, and with many misgivings, undertook the editorial management of this Journal—the future to us was full of uncertainty, while the remembrance of the past only tended to augment it. That time, however, has passed by, and we stand at the commencement of a new volume, feeling the sure conviction that our best wishes have been more than realized, and that our labor has not been altogether in vain. To our proprietor and publisher, who has, with a liberality unparalleled in the history of medical journals in this city, aided us in the discharge of responsible duties, are our thanks in an especial manner due. An unusual outlay has attended the dress and engravings of the work—this, we are pleased to learn, has been warranted by an unusual increase of subscribers. A reference to the contributors' list of this volume, on the cover of this number, will show the favorable support we have received, and while we return these gentlemen our most sincere thanks, we would remind others that their support is also desired. May we not hope that the influence of those who have in this respect rendered us essential aid, will stimulate the dormant energies of many around us, who have in times past done honor to the literature of our profession, but the lustre of whose reputation has now become tarnished by long repose? We pause for an answer.

☞ A review of Smith on Neuroma, and another of Miller on the Pathology of the Kidneys in Scarlatina, has, owing to the length of the original department of this number, been deferred until our next.

☞ Our readers will observe that eight additional pages have been added to this number—thus making 440 pages in this volume.

The following works have been received since our last:—

Human Physiology. By Robley Dunglison, M. D., Professor of the Institutes of Medicine in the Jefferson Medical College, Philadelphia; Vice President of the Sydenham Society of London; Secretary of the American Philosophical Society, etc. etc. With nearly five hundred Illustrations. Seventh edition, thoroughly revised and extensively modified and enlarged. In two volumes. Philadelphia: Lea & Blanchard. 1850. 8vo. Vol. 1, pp. 692. Vol. 2, pp. 736. (From the Publishers.)

Spectacles: their Uses and Abuses in Long and Short Sightedness; and the Pathological Conditions resulting from their Irrational Employment. By J. Sichel, M. D., of the Faculties of Berlin and Paris; Clinical Professor of Diseases of the Eye; Officer of the Legion of Honor, etc. etc. etc. Translated from the French, by permission of the Author, by Henry W. Williams, M. D., Fellow of the Massachusetts Medical Society, etc. Boston: Phillips, Sampson & Co. 1850. 8vo. pp. 202. (From the Translator.)

The Diagnosis, Pathology, and Treatment of the Diseases of the Chest. By W. W. Gerhard, M. D., Lecturer on Clinical Medicine to the University of Pennsylvania; one of the Physicians to the Pennsylvania Hospital, etc. Third edition, revised and enlarged. Philadelphia: Ed. Barrington & Geo. D. Haswell. 1850. 8vo. pp. 351. (From the Publishers.)

Observations on Certain of the Diseases of Young Children. By Charles D. Meigs, M. D., Professor of Midwifery, and the Diseases of Women and Children, in the Jefferson Medical College, Philadelphia; Member of the American Medical Association; of the American Philosophical Society, etc, etc. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 215. (From the Publishers.)

A Treatise on the Diseases and Physical Education of Children. By John Eberle, M. D., late Professor of the Theory and Practice of Medicine in Transylvania University, etc. etc. Fourth edition, with notes and large additions, by Thomas D. Mitchell, A. M., M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine; Late Professor of Materia Medica and Therapeutics in Transylvania University, etc. etc. Philadelphia: Lippincott, Grambo & Co. (Successors to Gregg, Elliot & Co.) 1850. 8vo. pp. 768. (From the Publishers.)

A Practical Handbook of Medical Chemistry. By John E. Bowman, Fellow of the Chemical Society; Demonstrator of Chemistry in King's College, London, and Author of "Practical Chemistry." Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 288. (From the Publishers.)

Mental Hygiene; or an Examination of the Intellect and Passions. Designed to show how they affect and are affected by the Bodily Functions, and their Influence on Health and Longevity. By William Sweetser, M. D., Professor of the Theory and Practice of Medicine in Bowdoin, Castleton, and Geneva Medical Colleges, and Fellow of the American Academy of Arts and Sciences. Second Edition, re-written and enlarged. New-York: Geo. P. Putnam. 1850. 12mo. pp. 390. (From the Publisher.)

Elementary Chemistry, Theoretical and Practical. By George Fownes, F. R. S., Professor of Practical Chemistry in University College, London. Edited,

with additions, by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy, etc. etc. Third American, from a late London edition. With numerous wood engravings. Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 516. (From the Publishers.)

The Transactions of the American Medical Association. Instituted 1847. Vol. 3. Philadelphia: Printed for the Association by T. K. & P. G. COLLINS. 1850. 8vo. pp. 499. (From the Association.)

A Review of the Memorial of Dr. John Bell, to the Trustees of the University of Pennsylvania. Philadelphia: 1850. 8vo. pp. 24.

Proceedings of the Fifth Annual Meeting of Association of Medical Superintendents of American Institutions for the Insane. 8vo. pp. 15.

The following exchanges have been received since our last:—

The New-Jersey Medical Reporter, and Transactions of the New-Jersey Medical Society. Edited by JOSEPH PARRISH, M. D.; for Oct. (Quarterly. Burlington, N. J.)

The American Journal of Medical Science. Edited by ISAAC HAYS, M. D., for Oct. (Quarterly. Philadelphia.)

The Retrospect of Practical Medicine and Surgery. A Half-yearly Journal. Edited by W. BRAITHWITE, Esq.; for July. (Half-yearly. London.)

The Medical Examiner and Record of Medical Science; edited by F. G. SMITH, M. D.; for Sept. and Oct. (Monthly. Philadelphia.)

The Charleston Medical Journal and Review; edited by D. J. CAIN, M. D, and F. P. PORCHER, M. D.; for Sept. (Bi-monthly. Charleston.)

The New-Orleans Medical and Surgical Journal, devoted to Medicine and the Collateral Sciences; edited by A. HESTER, M. D.; for Sept. (Bi-monthly. New-Orleans.)

The Ohio Medical and Surgical Journal; edited by S. H. SMITH, M. D.; for Sept. (Bi-monthly. Columbus.)

Southern Medical and Surgical Journal; edited by J. P. GARVIN, M. D.; for Sept. and Oct. (Monthly. Augusta.)

St. Louis Medical and Surgical Journal, edited by M. L. LINTON, M. D.; J. S. MORE, M. D., W. M. MCPHEETERS, M. D., and J. B. JOHNSTON, M. D., for Aug. (Bi-monthly. St. Louis.)

The St. Louis Probe; edited by J. COONS, M. D., and J. R. ATKINSON, M. D.; for July and Aug. (Monthly. St. Louis.)

Buffalo Medical Journal, and Monthly Review of Medical and Surgical Science; edited by AUSTIN FLINT, M. D.; for Sept. and Oct. (Monthly. Buffalo.)

The North-Western Medical and Surgical Journal; edited by J. EVANS, M. D., and EDWIN G. MEEK, M. D.; for Sept. (Bi-monthly. Chicago and Indianapolis.)

Transylvania Medical Journal; edited by ETHELBERT DUDLEY, M. D., for June and August. (Bi-monthly. Lexington.)

The Western Lancet and Hospital Reporter; edited by L. M. Lawson, M. D., and Geo. Mendenhall, M. D.; for Sept. and Oct. (Monthly. Cincinnati.)

Northern Lancet and Gazette of Legal Medicine; edited by Francis J. D'Avignon, M. D., and Horace Nelson, M. D.; for July. (Monthly. Plattsburgh, N. Y.)

The Boston Medical and Surgical Journal; edited by J. G. V. Smith, M. D. Sept. and Oct. numbers received. (Weekly. Boston.)

The New-York Medical Gazette and Journal of Health. Edited by D. Meredith Reese, M. D., L. L. D.; for Sept. and Oct. (Weekly. New-York.)

The New-York Register of Medicine and Pharmacy; edited by C. D. Griswold, M. D., for Oct. (Semi-monthly. New-York.)

☞ *This is a new journal recently established in this city—one that is very well calculated to be of service to the profession. We wish for it a full measure of success.*

The New Hampshire Journal of Medicine. Edited by Edward H. Parker, M. D.; for Aug. (Monthly. Concord, N. H.)

The Western Journal of Medicine and Surgery; edited by L. P. Yandell, M. D., and T. S. Bell, M. D.; for Sept. and Oct. Monthly. Louisville.)

The New-York Dental Recorder; edited by C. C. Allen, M. D., Dentist; for Sept. (Monthly. New-York.)

The British-American Journal of Medical and Physical Science; edited by Archibald Hall, M. D.; for Sept. and Oct. (Monthly. Montreal.)

London Journal of Medicine. A Monthly Record of the Medical Sciences; edited by ———; for Sept. and Oct. (Monthly. London.)

Monthly Journal of Medical Science; edited by Wm. Robertson, M. D.; for Sept. and Oct. (Monthly. Edinburgh.)

Dublin Medical Press; edited by ———; for Aug. and Sept. (Weekly. Dublin.)

London Medical Gazette, or Journal of Practical Medicine; edited by ———; for Aug. and Sept. (Weekly. London.)

☞ Communications intended for publication, and books for review, should be sent *free of expense*, directed to Dr. Purple, Editor of the New-York Journal of Medicine, care of R. F. Hudson, 39 Wall-street, New-York. Persons at a distance may direct parcels, *paid* as above, under cover, to G. P. Putnam, 40 Bow Lane, Cheapside, London; or Lindsay & Blakiston, Philadelphia; or Wm. B. Ticknor & Co., Boston. The attention of Correspondents is respectfully requested to the above, as the public is frequently subject to unnecessary expense for postage and carriage.

All remittances of money and letters on the *business* of the Journal, should be directed to the publisher.

The advertising sheet belongs to the business department of the Journal, and all communications for it should be addressed to the publisher, under whose exclusive control it is.

CONTENTS.—NO. III.

(NEW SERIES.)

PART I.—ORIGINAL COMMUNICATIONS.

ART. I.—Three Cases of Softening of Osseous Tissue, with Remarks. By W. S. BOWEN, M. D., Curator of the Pathological Museum of New-York Hospital, etc., etc. [Being the substance of a paper, read before the Society for Medical Inquiry, and which was ordered to be published.] - 297

ART. II.—A Case of Artificial Anus from Crural Hernia, terminating fatally; with dissection of the parts involved. By JOHN W. STERLING, M. D., Member of the Royal College of Surgeons, London, &c. - - - 307

ART. III.—Report of Cases occurring in the New-York Hospital, with remarks. By FREDERICK D. LENTE, M. D., Resident Surgeon; and FRANCIS P. COLTON, M. D. Resident Physician, - - - - - - - 314

ART. IV.—Report of a Case of Pneumonia of ten weeks' duration. By DEWITT C. ENOS, M. D., of Brooklyn, N. Y., - 328

ART. V.—Report of Two Cases of Rupture of the Uterus, with remarks. By HENRY A. HARTT, M. D., of New-York, - - - - - - - - 329

ART. VI.—Extracts from the Reports of the Proceedings of the New-York Pathological Society. (Selected and prepared by Committee of Publication.) - - - 333

ART. VII. Memoir upon the coincidence of the Tubercular and Cancerous Diatheses, with scrofulous symptoms. By Dr. A. LEGRAND, Chevalier of the Legion of Honor, etc., etc., etc. Translated from the Revue Médicale, of April 30th, 1850, for the New-York Journal of Medicine, etc., by C. E. ISAACS, M. D., Demonstrator of Anatomy, in the College of Physicians and Surgeons, New-York, - - - 351

ART. VIII.—On the Reduction of Strangulated Hernia in Mass. By GEO. C. BLACKMAN, M. D., Fellow of the Royal Medical & Chirurgical Society of London, - - - 367

PART II.—BIBLIOGRAPHICAL NOTICES.

ART. VII.—The Diagnosis, Pathology, and Treatment of the Diseases of the Chest. By W. W. GERHARD, Lecturer on Clinical Medicine to the University of Pennsylvania; one of the Physicians to the Pennsylvania Hospital, etc. Third edition, revised and enlarged. Philadelphia: Ed. Barrington and Geo. D. Haswell. 1850. 8vo. pp. 351. - 401

ART. IX.—Materia Medica and Therapeutics: With ample Illustrations of Practice in all the Departments of Medical Science, and very copious notices of Toxicology, suited to the wants of Medical Students and Practitioners. By THOMAS D. MITCHELL, A. M., M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine; formerly Professor of Chemistry and Pharmacy in the Medical College of Ohio, etc., etc. Philadelphia: Lippincott, Grambo & Co., (successors to Gregg, Elliot & Co.) 1850. 8vo. pp. 738. - - - 403

ART. X.—Human Physiology. By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine in Jefferson Medical College, Philadelphia; Vice President of the Sydenham Society of London; Secretary of the American Philosophical Society, etc., etc., etc. Seventh edition, thoroughly revised and extensively modified and enlarged, in two volumes, with nearly five hundred illustrations. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 962–736. - 404

ART. XI.—General Therapeutics and Materia Medica: adapted for a Medical Text-Book. By ROBLEY DUNGLISON, M. D., Professor of Institutes of Medicine, etc. in Jefferson Medical College, Philadelphia; formerly Professor of Materia Medica and Therapeutics in the Universities of Virginia and Maryland, and in Jefferson College, Philadelphia. Fourth edition, revised and improved, with one hundred and eighty-two illustrations. In two volumes. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 612–484. - 404

ART. XII.—Spectacles: their Uses and Abuses in Short and Long Sightedness, and the Pathological Conditions resulting from their Irrational employment. By J. SICHEL, M. D., of the Faculties of Paris and Berlin; Clinical Professor of the Diseases of the Eye, etc., etc., etc. Translated from the French, by permission of the Author, by HENRY W. WILLIAMS, M. D., Fellow of the Massachusetts Medical Society, etc. Boston: Phillips, Sampson & Co. 1850. 8vo. pp. 202. - - - - 405

ART. XIII.—Elementary Chemistry, Theoretical and Practical. By GEORGE FOWNES, F. R. S., Professor of Practical Chemistry in University College, London. Edited, with additions, by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy, etc., etc. Third American from a late London edition, with numerous wood engravings. Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 516. - - - - 406

ART. XIV.—A Practical Handbook of Medical Chemistry. By JOHN E. BOWMAN, Fellow of the Chemical Society; Demonstrator of Chemistry in King's College, London, and Author of "Practical Chemistry." Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 288. - - - 406

ART. XV.—Mental Hygiene; or an Examination of the Intellect and Passions. Designed to show how they affect, and are affected by, the bodily functions, and their influence on Health and Longevity. By WILLIAM SWEETSER, M. D., Professor of the Theory and Practice of Medicine, in Bowdoin, Castleton, and Geneva Medical Colleges; and Fellow of the American Academy of Arts and Sciences. Second edition, re-written and enlarged. New-York: Geo. P. Putnam. 1850. 12mo. pp. 390. - - - 407

ART. XVI.—Observations on certain of the Diseases of Young Children. By CHARLES D. MEIGS, M. D., Professor of Midwifery, and the Diseases of Women and Children, in the Jefferson Medical College, Philadelphia; Member of the American Medical Association, etc., etc. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 215. - - 407

A Treatise on the Diseases and Physical Education of Children. By JOHN EBERLE, M. D., late Professor of the Theory and Practice of Medicine in Transylvania University, etc., etc., etc. Fourth Edition, with notes and large additions, by THOMAS D. MITCHELL, A. M., M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine; late Professor of Materia Medica and Therapeutics in Transylvania University, etc., etc., etc. Philadelphia: Lippincott, Grambo & Co. (Successors to Gregg, Elliot & Co.,) 1850. 8vo. pp. 768.

PART III.—FOREIGN MEDICAL RETROSPECT.

PATHOLOGY AND PRACTICAL MEDICINE.

Extracts from the Proceedings of the Swedish Medical Association, and from their Original Treatises and Communications. Stockholm, 1847. Translated from Die Zeitschrift, für die gesammte Medicin. Von F. W. OPPENHEIM. January No. 1850. By C. E. ISAACS, M. D., Demonstrator of Anatomy, in the College of Physicians and Surgeons, New-York, - - - - - - - 409

Acute Rheumatism, - - - - - - - 412

Conclusions from the presence of a rough valvular murmur in Heart Affections, - - - - - - 413

On the employment of Nitrate of Silver in Infantile Enteritis, 413

New method of relieving Retention of Urine without the use of the Catheter, - - - - - - - 413

On the employment of Nux Vomica in Impotency and Spermatorrhœa, - - - - - - - 414

SURGERY AND SURGICAL PATHOLOGY.

On Wrist-Drop, - - - - - - - 414

Amputation of both Superior Maxillary Bones, - - 415

New mode of removing Wens—their Composition, - - 416

Imperforation of the Rectum; Operation; Cure, - - 416

Dislocation of the Hip in a child eighteen months old, - 416

DISEASES OF FEMALES.

Use and Abuse of the Speculum—a letter, - - - 417
Mucous Membrane expelled from the Uterus during Menstruation, - - - - - - - 420
Removal of an immense Cellular Tumor from the Labium, - 420

MISCELLANEA.

Adulteration of Coffee detected by the Microscope, - - 421
Accident from Chloroform, - - - - - 422
On Hœmatozoa, - - - - - - 422
M. Stromeyer, - - - - - - 422
Complete absence of the Prostate Gland with Tubercles in the Urethra, - - - - - - 422

PART IV.—COMMUNICATIONS AND AMERICAN MEDICAL RETROSPECT.

COMMUNICATIONS.

Case of Immobility of the Lower Jaw, cured by Divisions of the Masseter Muscles. By JAMES R. WOOD, M. D., - 423
Case of Obstruction in Head Presentation from Posterior Displacement. By J. L. VANDERVOORT, M. D., - - 425

PATHOLOGY AND PRACTICAL MEDICINE.

Fatty Degeneration, Ulceration and Rupture of the Heart, - 426
Causes of Urinary Calculi, - - - - - 428
New Antidote for Bromine, - - - - - 428

SURGERY AND SURGICAL PATHOLOGY.

Amputations in reference to Artificial Limbs, - - - 429

DISEASES OF FEMALES.

Mammary Inflammation, and its successful treatment by Collodion, - - - - - - - - 430

MISCELLANEA.

Prize offered by the American Medical Association, - - 432
American Journal of Insanity, - - - - 433
Medical Department of New-York University, - - 433
The Western Medico-Chirurgical Journal, - - - 433
Society for the relief of Widows and Orphans of Medical Men, - - - - - - - 433
The New-York Medical College, - - - - 434
Dr. Valentine Mott, - - - - - - 434

INDEX . . . . . .